FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00216

		REGISTRAR				CENTII	CATEOLD	EAIN	REG	NO.		
24	1. DE	CEASED NAME OR PRINT)	FIRST	D.E.T.	MIDDLE	L	AST		20 DATE OF DEATH		DAY YEAR 2b	HOUR
	(, ire	OK KINT)	Mary		A.		Adamsk	i		Jan.	23, 1979	
	3. SE	X		4 RACE	W-1-2-	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST			JNOFR 24 F
	Fe	male		Whi	ite	MONTH 8	15	1894	8	4 YRS.	MONTHS DAYS HO	URS M
2		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER A	_	9 BALTIMORE CIT		Y OF DEATH	
17		stria		U.	S. A.	WIDOWE		VORCED	Balti	more C	ounty	
10		Dundalk	ATH	(IF NOT IN SUC	HOSPITAL, NURSING STREET AS SPRUCE RE	ADDRESS)	R OTHER INST	TITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MO Homemak	ST OF WORKING L	12b. KIND OF BUINDUSTRY	JSINESS
35		AL RESIDENCE (IF NUR TATE ryland	13b COUN Bal	other institution VTY timore	GIVE RESIDENCE BEFORE 134 CITY OR TOW Dundalk	ADMISSION)	13d INSIDE C	ITY LIMITS?	13. FET ADDRE	ruce R	oad	
3	14 FA	THER'S NAME FIRST		MIODLE	Bavus		150.00	MAIDEN NA/	WE		LAST	
0)		VAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMA		AD	DRESS 70.	11 Spruce	Rd.
a med	()	res, no or unknown)	(IF YES, GIVE	E WAR OR DATES)	216-01-	5376	Mrs.	Veronic	a Bogucki	, Bal	to. Md. 21	
r, 10		18 CAUSE OF DEAT	TH (Enter on	nly one cause pe	line for (a), (b), and	d (c).				~	APPROXIMATE BETWEEN ONSE	T AND DE
2		PARTI. DEATH V		TE CAUSE (D)	ceretras	0 Ua	1 CLO	ac /-	celler	1	6 da	2 40
atic	-	3.5 DI)	DUF TO O	R AS A CONSEQUE	NOE OF				~ 6		•
E		Conditions, if ony	y, which	((b)	by re	te	100	(4	4 4 4	No	1
110		gove rise to im	mediote	100	o Constant	NOT OF 1			- N	91	7	
dine	16	underlying cous		DUE TO, O	R AS ASONSEOVE	NCE OF d	en	100	1	20	. 0 8	4
5		PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO F	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE, OR CO	ONDITION GI	VEN IN PART 1/5	. 45
Conluct	NOI	AMPI	TAT	TIO N-	ROT	4	FG	54	Real of the state of	6		gh
2	CERTIFICATION	19a DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	6, WERE FINDINGS IFYING CAUSES OF ESN	
30	CER	210. ACCIDENT WAS UN		21b. TIME C	FINJURY .M. MONTH DA	V YEAR	SIC HOW-IN	JURY OCGURE	RED (ENTER NATURE OF	NJURY IN ITEM 18,	PARTY OR PART 2)	
E /	AL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		3111	.M. MONTH D	19		8		7 1		
20	MEDICAL	21d. INJURY OCCUP	RRED		OF INJURY REET, FACTORY, OFFICE, F	1011 FTC 1	21f. LOCATIO	N #	S. Jerron	- WWO.	« COUNTY	STATI
xeq	2	WHILE NOT V	WHILE TORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, EIC.	J. T.	.,	89. 31	· ·		SIAII
O E		220.1 certify that (I	l) (this hospi	tal) attended th	ne deceased from_	9/2	2/15	, 19		3/19	, 19, that	(I) (we
51 17	49	sow the decea		t) view the body	3/79_19_	, or	d that in (my)	(our) opinion	death occurred on th	e date and ha	our and from the cou	ses stote
E a		22b SIGNATURE	(aia) (aid no	view the body	otter death.		DEGREE		74		22c. DATE SIG	NED
		U	lay	He	elle	e (1 4	TTENDING PHYSICIAN		TAFF SICIAN 🗌	1/24/	79
4		22d. PHYSICIAN'S N	AME (TYPE O	PRINT)			27e ADDRES	S	\$		ALE DOL	
1		Max	1	Baum,	ì	I.D.	7422	Eastern	Ave. Bal	timore	. Md.	
=	23o. l	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR		23d LOCATION		COUNTY	STATE
	Bu	SPECIFY) Irial		1/27	/79 S	acred	Heart	of Jes	CITY OR TOWN	Bal tom	ore allary	STATE
1	24 F	UNERAL DIRECTOR							E REC'D. BY REGISTA	AR 25h ALGT	TRA SSIGNATURE	LUNC
'		ida-Ruck,	Inc.	7922 Wi	ADORESS D	Ishan	le. Md	in	. 0 4 10/4		/	1
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DHMH-16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATES OF THE POSE, OLD BUILTE, ALL STATES AND THE PROPERTY OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00218 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Olive Manth A. 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday MONTHS temale May 27 1895 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRISON Maryland Baltmore WIDOWED [DIVORCED 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street_oddress) Insurance DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ISC. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admissian) STATE Md 13b. COUNTY YES 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST Middle Lost Airey James Augusta UNKNOWN } 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, ar unknawn) 216-03-4661 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 9g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO X 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial. 21a, ACCIDENT WAS UNDERTAING | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (1) (this hospital) attended, the deceased fram. 1929, and that in (my) (our) opinian death occurred an the date and hour and from the saw the deceased alive on. causes stated obave(1) (we) (did) (did not) view the body ofter deoth. DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) should t 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) Burial (Specify) 0 Jan.17,1979 Baltimore Baltimore Md. 24 COMPARTOC. ALTENBURG FUNERATS HOME, INC. 254 REED BY REGISTRAN 25b. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M 6009 Harford Rd. Balto. Md. /21214/ (VR A15 (4))

STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HUBBARD FUNERAL HOME 4107 WILKENS AVE. BALTO. MD

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

XC 16 172 942

FOR

REGISTRAR

BURTAT

24 FUNERAL DIRECTOR

DECEASED NAME

1 - STATE

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00220 20 DATE OF DEATH 7b. HOUR JANUARY 23, 1979 3:30 A IF UNDER I YEAR IF UNDER 24 HRS. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BURT MACHINE COMPANY 4701 GATEWAY TERRACE, 21227 LAST HARDING APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 - 3 days 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COUNTY STATE 22c DATE SIGNED 1/23/79 21052 COUNTY STATE BALTIMORE CITY MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR

79-00220

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF MARENCE HOURS STREET, DEATH MATED FUNERAL DIRECTOR. 5 FOR YOUR FILES. I. RACE DATE OF BIRTH 6. AGE (IN YEARS SEX IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED WITHIN 72 I DEAD nuary 6 FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED FILED, V 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SHEH EACILITY, GIVE STREET ADDRESS ped USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) SHOULD FLE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS AND NO X ORK 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, FORM PM CV MIDDLE MIDDLE LAST FIRST LAST FIRST AND LRVIN ummings 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS DIVISION Windy Hill PAGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c). APPROXIMATE INTERVAL 80 BURIAL-TRANSIT PERMIT. ALONG PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF REMOVAL. Conditions, if ony, which EXAMINER gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OR E USED AS A BURI OF HEALTH AND JAL, CREMATION, C MEDICAL PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? R: PAGE 3 SHOULD BE LESTATE DEPARTMENT O YES NO V 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER MITURE OF INJURY IN ITEM 18 PARMI OR PART 23 HOUR A.M. MONTH DAY FOR YEAR UNDERLYING MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 737.5 197 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 11. LOCATION FORWARDED STREET, FACTORY, FARM, ETC. COUNTY AT WORK NOT WHILE AT WORK DIRECTOR: VVITH THE S 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion MARYLAND death resulted from: Accident Homicide Undetermined monner Natorol couses SHOULD TO M. EXECUTE. PAGE 4 SHC. TO FUNERAL DI *TER DEATH, Y. DATE SIGNATURES MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY YORK CUEDURAL WINEKAN BP 250. DATE REC'D. BY REGISTRAR, 256. DEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR PTYPE OR PRINTS OF ESTI-DEATH MATED 1970 S. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE VEAD LAST BIRTHDAY) PRONOUNCED 1979 190) DEAD 2 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland U. S. A. WIDOWED S DIVORCED 8. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 125, KIND OF BUSINESS IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE LOCH RAVEN Own Home to un USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE MACITY OR TOWN 1134. INSIDE CITY LIMITS? 13e STREET ADDRESS rosura YES [OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Haggis Rudolph Maria Walter R. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT WITH FOR 16h SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 214-03-0214 James W. Anderson, 2104 Suburban Green NO CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). refer teclardin Carula PART I DEATH WAS CAUSED BY CANCELLA IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, It any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL YES 🗌 NO M E DEPARTMENT C PRIOR TO BURIA 210 EXTERNAL CAUSEWAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY JATHOME 21d INJURY OCCURRED 21E LOCATION WARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE STATE D AT WORK AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held an Inquiry and in my apinion Natural causes death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIEY) ACTUAL SIGNATURE MEDICAL EXAMINER Below Rol Balto 2123 6 Med EXAMINER'S NAME TYPE OR PRINT 23g BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Loudon Park Crematory Baltimore, Maryland BP Cremation 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 7/77

Walter Jordan Aring, Sr. SEX			ED I A MALE	FIRST		MIDDLE	LAS		ATE OF	1190.7	E KNOW!	NXX MC	ONTH D	DAY YEAR	2b. HOUR
SEX		TYPE OR P	Wa	lter	J	ordan	Ar	ing.	Sr.	Or	ESII-			28 19 79	
Male White May 31, 1894 84 yes. May 31, 1894 84 yes. May 31, 18	3.	SEX	4 RACE			6. AGE (IN	YEARS IF UNDE	R I YR. IF	UNDER 24			MO			2d. HOUR
MARRIED NEVER MARRIED NOTICE Baltimore Mode Mo				AFA			YRS.	DA13	MI MI	DE	AD				
Woodlawn 2321 Birch Drive Supitable		Bal Bal	country)		U.S.	Α.	WIDOWED	<u>X</u>	DIVORCED		Bal	_ timor	re Co	ounty,	
134 INSIDE CHI LAST 134 INSIDE CHI LAST 134 INSIDE CHI LAST 135 INSIDE CHI LAST 135 INSIDE CHI LAST 135 INSIDE CHI LAST 136 INSIDE CHI LAST		Woo	dlawn	(10	2321 Bi	rch Drive	5)	INSTITUTIO		FOR MOST OF V	VORKING LIFE			OR INDUS	TRY
THE		. STATE	13b.	COUNTY		13c.CITY OR TOWN	113		LIMITS? 13	2321 B	ress irch	Drive	е		
Test of the significant conditions (Ontributing to death but not related to the terminal disease or condition given in part 1 0 . Test of Operation 19b. Conditions (Ontributing to death but not related to the terminal disease or condition given in part 1 0 . Test of Operation 19b. Condition for which operation was performed? 20 Autopsy? 20 Auto		la	te unkno	Wn				late	imkn					LAST	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Arteriosclerotic cardiovascular disease Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	16	e. WAS I	OR UNKNOWN) I HEY	J.S. ARMED FO	DATES)					ring J			ears	tone F	ष्ट्र 2101
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME. 216 LOCATION		19	gave rise to imm	nediate 🕗	(b)		4								
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME. 216 LOCATION			lying cause last. 2 OTHER SIGNIFICANT CON	OITIONS CONTRIB	(c)	UT NOT RELATED TO THE TE	RMINAL DISEASE OF) o).					
			lying cause last. 2 OTHER SIGNIFICANT CON	OITIONS CONTRIB	(c)	UT NOT RELATED TO THE TE	RMINAL DISEASE OF			To).					
		190. 210. UNI CO 21d. Wh	DATE OF OPERATIO EXTERNAL CAUSE W DERLYING OR OTRIBUTING CAU INJURY OCCURRED	VAS SE OF DEATH	19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21e PLACE O	ON FOR WHICH OPI	RMINAL DISEASE OF ERATION WAS 21c. HOW 21f. LOCA STRE	PERFORMI / INJURY O	ED?			M 18 PART 1		YES X	
22e. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes . Accident , Suicide , Hamicide . Undetermined manner , ACTUAL SIGNATURE		190. 210. 210. UNI UNI UNI UNI AT	DATE OF OPERATIO EXTERNAL CAUSE W DERLYING OR NTRIBUTING CAU ILLE NOT WH WORK AT WORK 220. I certify that I too oth resulted from:	VAS SE OF DEATH LE k charge of th Natural cau	19b. CONDITI 19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO	INJURY MONTH DAY YE. 19 FINJURY (AT HOME, DRY, FARM, ETC.)	RMINAL DISEASE OF	PERFORMI	Inspection [Inspection CCIFY)	CITY OF	iry , manner [and in a	COUNT	YES (Z)	NO STATE
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .		190. 190. 210. UNICO 21d. WHAT AC'SIG	DATE OF OPERATIO EXTERNAL CAUSE W DERLYING OR NTRIBUTING CAU INJURY OCCURRED ILE NOT WH WORK AT WORK 220. I certify that I too oth resulted from: UAL NATURE MINER'S NAME E OR PRINT)	NOUTIONS CONTRIB	19b. CONDITI 19b. CONDITI 21b. TIME OF HOUR A.M. 21e PLACEO STREET, FACTO e remains desc	INJURY MONTH DAY YE. 19 FINJURY (AT HOME, 20,7, FARM, ETC.) Tribed abave, held an Accident	RMINAL DISEASE OF ERATION WAS 216. HOW AR 216. LOCA STRE Autopsy M.D. D. AD	PERFORMI / INJURY O TION ET Homicid TITLE (SPE ASSI	Inspection [ie]	CITY OR CITY OR Inqu Undetermined MEDICAL EX	iry , monner [and in i	COUNT My apinio	YES 1/29/	NO STATE

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Trail Control

tropping by ablegay (12) starte.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by th should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

or director, page 3 2 hours after death

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00224

	REGISTRAR				CERTII	TICALE OF DEATH	REG. N	O.	0		
	CE ASED NAME	FIRST	MI	DDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOU	IR
(ITP	E OR PRINT)	VILLA B.	ARMAC	COST			JANUARY 1	5, 197	79	10:2	.5p
3. SE	X	4 RAC	Œ			OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEA		24 HRS
	femal	Le c	cauc.		Jan		ээрг 75	YRS	MONTHS DAY	5 HOURS	WIN
	SIRTHPLACE ISTATE OR FO	OREIGN 76. CIT	IZEN OF W	HAT COUNTRY?	8 44 A D D I C	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
	Maryland		USA		WIDOW	ED XX DIVORCED	Baltimo		ounty		N
Har	npstead	48	NOT IN SUCH	ack Rock	Roa d		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O housewife	F WORKING LI	126 KIND INDUSTR	OF BUSINE	SSO
USU 13e.	JAL RESIDENCE (# NURS STATE Maryland	Baltimo	- 11	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hamps tea	٧	13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS Black Rocl	k Roac	d		
7 14. F.	ATHER'S NAME FIRST Henry	WIDDIE	A	rmacost		15. MOTHER'S MAIDEN NA/ FIRST Alice	ME	E	Mart:	AST A PA	
	WAS DECEASED EVER		ORCES? 1	166. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS	Maru	1.11	
((YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR		213-34-62	280	Mr. James W.	Armacost.	linner	co. Md		
	18 CAUSE OF DEAT	H (Enter only one o						O.D.A.		DXIMATE INTER	VAL
	PART I. DE ATH W					ic cardiovascu	lar dicese	tai th	BEIWEE	N ONSET AND	DEATE
100	11110	IMMEDIATE CAUS	SE (o) al	Lerrosci	ELOL	ic caldiovasco	1.	. W.J. CI			_
2.5	14272	DU	UE TO, OR	AS A CONSEQUE	NCE OF	heart blo	€ K				
	Conditions, if ony,	which ((b)								
	gave rise to imm								1 0		
	couse (a), stating		UE TO, OR	AS A CONSEQUE	NCE OF				5 7 7 7		
			(c)								
	PART 2. OTHER SIGN	VIFICANT CONDIT	TIONS CON	ATRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART	1101	
CERTIFICATION											
1 =	190. DATE OF OPERA	TION 19	CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h JE VE	S, WERE FIND	INGS HEEF	-
5	THE DATE OF OFERA	110	e. CONDIN	ON TOR WHICH	DIEKATIO	WAS TENI ORMED	Zua AUTOFST:		FYING CAUSE		
							YES NO	YF	ES 🗌	NO [
7 8	21a. ACCIDENT WAS UNE		b. TIME OF			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	EY IN ITEM 18, I	PART 1 OR PART 2)		
1 =	OR CONTRIBUTING	CHOSE OF DEATH		. MONTH DA		Bar-					
Ö	(IF EJTHER, NOTIFY MEDIC		P.M		19						
MEDICAL	21d. INJURY OCCURE	[41]	PLACE OF	F INJURY ET, FACTORY, OFFICE, FA	RM ETC.)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	ST	ATE
2	AT WORK AT WO	HILE D		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
	220.1 certify that (I)	(this hospital) att	andad the	deceased from	reb.	4, 75	presen	t	10	16	7381
					9	nd that in (my) (a) opinion (. 10			., that (I) 🔀	
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230.	BURIAL, CREMATION,		DATE	100		EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STA	
	Burial	11-	19-79	Gr	'ace	Cemetery	Upperco	Ba	alto	Md.	
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	NAME TOTAL	T.	77.	ADDRESS	20.3	I I I I I I I	2 5 1979	perga	my / MOU	recoly	
	Eline Fune	stal Home	. Han	nostead.	MG.	21071	2010.0		/		

Eline Funeral Home, Hampstead, Md.

STATE OF MARYLAND 79-00225 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) tor, page 3 after death Edward L. 1979 Ashman January 6, 30am 4. RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Male 1924 White 26 Mav TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Dubois Ave (TYPE OF WORK FOR MOST OF WORKING LIFE) Automobile Parkville BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 3010 Dubois Ave. Baltimor Parkville 13d. INSIDE CITY LIMITS? Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles MIDIOLE FIRST MIDDLE Ashman Rossiter Ruth 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3010 Dubois Ave (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR OATES) Baltimore, Md. 216-16-9234 Catherine Yes Ashman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH poper 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) sudden troumatic DONBEQUENC 4vears onditions, if ony, which gove rise to immediate other cause io stating DUE TO, OR underlying cause 4vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows and Mental Hygiene NOK NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from 12/30/74 sow the deceased alive on 12/22/78 above, (1) (we) (did) (did nat) yiew the bady after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated FUNERAL DIRECTORING by the Stote Dept. of 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF 1/8/79 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINTI 77e ADDRESS Cathedral & John R. Davis. M.D. 401 Medical Arts Bldg. Read Sts. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL STATE Jan. 9. 1979 Holy Redeemer Baltimore. Rurial 25a. DATE REC'D. DHMH - 16 50M 1/76 Leonard J. Ruck, Inc. Baltimore. Md (VR A 15 (4))

79-00225

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 26 HOUR ESTI-AGWE SUSAN 0100 DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 20. DATE LAST BIRTHDAY PRONOUNCED Female White DEAD 1921 57 YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED X DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Teacher's Aide Mercy H.S. Dundalk Denbury Drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Dundalk 1965 Denbury Drive NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PW. MIDDLE LAST MIDDLE Joseph J. Minnie Harron Morgan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 3121 Vulcan Rd. 16b. SOCIAL SECURITY NO. DIVISION 212-16-9011 No Kenneth W. Bagwell Balto. MD 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Q. YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETCA STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK GE 4 SHOULD BE FORW

FUNERAL DIRECTOR: PA
THER DEATH, WITH THE ST.

LIMMORE, MARYLAND, 212 22a. I certify that I took charge of the remains described above, held an Autopsy deoth resulted from: Notural couses Suicide Homicide Undetermined manner TISLE (SPECIFY) DATE SIGNED PAGE 4
TO FUNE
AFTER DE EXAMINER'S NAME T. CROSSAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY Burial 1/12/79 Baltimore Moreland Mem. Park Maryland BP 24. FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S RIGNATURE **DHMH - 17** JAN 7922 Wise Avenue, Dundalk, MD (VR A15 ME (5)) 21222 15M7/77

OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after

attending physician.

etained by the haspital TO HOSPITAL

he tuneral director, page 3 within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune or should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 having be been of Health and Mental Hygiene prior to burial, cremation, ar removal.

4 may be

	STATE OF MARYLA
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND I CERTIFICATE OF D

AND

JAN

	1.	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG.	79-U	1022	1
		CEASED NAME Helen	FIRST	Marg	aret	l	Ball	Zo. DATE OF DEATH	монтн (1979	8 3 A
	3 SE	x female		* RACE White		J. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
S S	Jo Bi	RIHPLACE ISTATE OR F	OREIGN	U.S.	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY Baltimor	OR COUNTY		MD.
00	10 C	Ellicott		(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12e USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIF	12b. KIND (E) INDUSTRY	OF BUSINESS OR
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medical	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? (WAR OR DATES)	213 09	6297I	Robert P.Ba		Ma Av	y, Mary	land 21043
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lui duo smo	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES S	NGS USED 5 OF DEATH?
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marked ar Item	WED	216 INJURY OCCUR	HILE	21e PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
MPORTANT: If them 21 is mo	W.C.	270. I certify tho (1) sow the deceos above. (1) (we) (2) 27b. SIGNATURE 27d. PHYSICIAN'S N	AME (TYPE OR	view the body Officers PRINT)	best,		d that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN (1) 2726. ADDRESS	MEDICAL ST PHYS	AFF ICIAN [r and from the	
IMPO I	(BURIAL, CREMATION, SPECIFY) burial		23b. DATE 1/6/7			EMETERY OR CREMATORY The pherd Cem.	23d. LOCATION CITY OR TOWN	City.	county Coward	state Maryland

Home, Ellicott City, Maryland 21043

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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Bruzdzinski Funeral Home

7407 Eastern Ave.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00228

YES [

COUNTY

22c. DATE SIGNED

30, 1979

IF UNDER I YEAR

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IF UNDER 24 HRS

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220 I certify that (I) (this haspital) attended the deceased from 1/3/19 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC	In RECOR	TIFICATI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FIN CERTIFYING CA	AUSES OF DEATH?
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN M 276. DATE SIGNATURE 1776. DATE SIGNATURE 17	ENDI roll or ruse Heat		saw the deceased alive an 1/3/79 19 , and that in (my) (aur) apinion death occurred on the date and hour and fro	
236. BURIAL, CREMATION, REMOVAL 236. DATE PLEASANT RESOLUTION COUNTY PLANS ADDRESS 236. DATE RECIDION COUNTY PLANS ADDRESS 236. DATE REC'D. BY REGISTRAR'S SIGNATURE	OR he ho DIRE		77b. SIGNATURE DEGREE 27c.	
BP	HOSPIT) sined by sined by solid be d th the Sto		27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS	BALT
DHMH-16 50M 7/77 24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	10	23a. E		PHLAND
LUKING (1) DITILL STOUL LINGELI T NOVID, MELLING 1919 PROPERTY	DHMH-16 50M 7/77	24 F	FUNERAL DIRECTOR ADDRESS ADD	GNATURE

79-00229 2) 473 (4,4,4,4,3) (5) (4,2,1,3) SECTION OF THE PROPERTY OF THE

THE REAL PROPERTY.

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10 No. Call.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201			
10 HOSPITAL CONTINUOUS PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter degrif. Page 4 may be executed by the haspital or ottending physician.	ami. Poge	moy be	B.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	72 hours o	r, page 3 fter death	

BP.

DHMH-16 20M (VRA 15, 4) 7/7B

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00231

- STATE REGISTRAR			DEFARIM	CERTIF	ICATE OF DEATH	R	7.9 -	0023	
DECEASED NAME	FIRST		AIDDLE	-	LAST	20 DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
	Louise		E.	I	BARNES	Janua	ry 13,	1979	8:25Pm
3 SEX	4	RACE		5 DATE		& AGE (IN YEARS I	AST BIRTHDAY)	MONTHS DAYS	
Female		White	е	Marc	h 3, 1885	93	YR		HOURS MIN
e. BIRTHPLACE (STATE)	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE	ITY OR COU	TY OF DEATH	
Maryland		U.S.A	A .	WIDOW	2.44.9	Baltin	nore C	ounty.	MD
Towson	DEATH 1		H FACILITY, GIVE STREET A	DDRESS)	E. Joppa Rd.	12a USUALOCC 1TYPE OF WORK FOR Houses	MOST OF WORKIN		
usual residence (#1 130. State Maryland	136 COUNT	THER INSTITUTION, Y 1 More	GIVE RESIDENCE BEFORE 131. CITY OR TOWN TOWSON	1		13e. STREET ADD	RESS	ick Ci	rcle
14 FATHER'S NAME	MI	DOLE	LAST		15 MOTHER'S MAIDEN NAM	ME	DOLE		ASI
60 WAS DECEASED EN	ER IN U.S. ARM	ED FORCES?	166 SOCIAL SECUP	ON YTIS	17 INFORMANT		ADDRESS	2	1204
NO OR UNKNOWN			214-01-	-	Louise B.	Rigg 90	07 Bre	ezewic	k Circle
Conditions, if gove rise to couse (a), st underlying co	ony, which immediate oting the use lost	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	OVASCUL		10 FAXE 2	
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218. ACCIDENT WAS OR CONTRIBUTING (IFEITHER, NOTIFY M 214. INJURY OCC	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA M.	Y YEAR	21s. HOW INJURY OCCURR				
	T WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	iRM, ETC.)	STREET (CITY	ORTOWN	COUNTY	STATE
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7.0	- fr	Whi	47		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL DIRECTOR F	STAFF PHYSICIAN [1/	15179
Thadde			ski, M.D			ennsylva	ania A	ve. 82	58030
230. BURIAL, CREMATIC	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATIO	7	COUNTY	STATE
Burial M FUNERAL DIRECTOR	2	Jan.1	6. 79 W	oodl			IMOTE JRAR 256 RE	Co. M.	aryland
NAME			ADDRESS		TANE D'WE	CLUSTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	DIVINITION POR	MAINSK 2 2 MAN	YSK and I

Loch Raven

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

E. Johnson

8521

FOR 79-00233 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) MILLARD THOMAS BARRY January 25 1979 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAYS Male Dec. 2. 1886 White 92 76. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWEDK DIVORCED [IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
House-in-the-Pines Catons. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville Caretaker College USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Balto. Parkville 7841 Birmingham Ave. YES X NO I 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John W. Barry Alverta C. Jones 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFANDREW LEO BARRESS 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mex.Border 218-10-3978 7841 Birmingham Ave. Balto, 212 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o CONSEQUENCE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUYING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPER 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the decease alive pn above (Niwe) did (did not) view the bady after death and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MPORTANT: IF ATTENDING MEDICAL should be deta with the State [PHYSICIAN X DIRECTOR PHYSICIAN Jan. 26, 1979 224 PLYSICIAN'S NAME (TYPE OR RINT) 22e ADDRESS Herbert Levickas, M.D. 2/22 5404 East Dr. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 236, DATE 23d. LOCATION CITY OR TOWN Burial Jan. 29, 1979 Mt. Olivet Baltimore. Md. 250. DATE REC'D. BY REGISTRAR 256. RECOTTRAR'S SIGNATURE of A N 9 0 1070 ROBERTIRE COR ALTINBURG FUNERAL HOME, INC. DHMH - 16 60M 7/73 (VRA 15 (4)) 6009 Harford Rd., Balto., Md. 21214

STATE OF MARYLAND

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00234

	STRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	9-0023	
1. DECEASED	T)	M	MIDDLE		AST	2a. DATE OF DEATH		R 26 HOUR
	Joa		ary B	asemai		January :		
3 SEX	emale	4 RACE White	•	5. DATE C	st 25, 1919	6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24
7a. BIRTHPLA COUNTRY) Cana	ACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	_	ore County	H
	TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A	G HOME C	DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWILL O	OF WORKING LIFE) 126 KINDUS	ND OF BUSINESS TRY TIC
USUAL RESI	and Ba	or other institution unity	GIVE RESIDENCE BEFORE	1221	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ca Lane	
14 FATHER'S		H. Hard	ing LAST		15 MOTHER'S MAIDEN NAM Helen Smi			LAST
	CEASED EVER IN U.S. OR UNKNOWN) (1F YES, C	ARMED FORCES? GIVE WAR OR DATES)	213-18-0		Joan Spear,	lanneht on	B36 Middle Baltimore.	
Zond	ditions if any which	DUE TO, C	R AS A CONSEDUE	NCE OF	(X X)		SEMEN A	
gave couse unde	Thelas	DUE TO, CO	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	my		
gave couse unde	e rise to immediate e 101, stating the citying cause last. 2. OTHER SIGNIFICAN ATE OF OPERATION	DUE TO, CO TEONDHONS C	ONTRIBUTING TO D	ENCE OF	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
Gerrinde DA 190 DA 21a. A4	e rise to immediate (a), stating the rilying cause lost. 2. OTHER SIGNIFICAN	DUE TO, C (c) TRONDIFIONS C 19b. COND 21b. TIME C HOUR A	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED 21c. HOW INJURY OCCURR	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED ISES OF DEATH? NO
PART OR COUSE Under COUSE OF C	erise to immediate (1) stating the (1) stating the (1) ying couse lost. 2. OTHER SIGNIFICAN ATE OF OPERATION CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF MER, NOTIFY MEDICAL EXAMINATION OF COURRED JURY OCCURRED	DUE TO, CO TOND FIONS C 196 COND 196 COND 196 COND 216 TIME C HOUR A ER) P 21e. PLACE	OR AS A CONSEQUE	OPERATION AY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAL YES THE STATE OF PART OF PART	NDINGS USED ISES OF DEATH? NO [
WEDICAL CERT AND A CONSE OF CO	erise to immediate (1) stating the (1) ing cause lost. 2. OFFIER SIGNIFICAN ATE OF OPERATION CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF MER, NOTIFY MEDICAL EXAMINATION OF COURRED	DUE TO, CO CO TRONDHIONS C GO 19b. COND DEATH HOUR A RR) 21b. TIME C HOUR A CATHOME, ST	OR AS A CONSEQUE ONTRIBUTING TO D OF INJURY M. MONTH DA M. MOTH DA OF INJURY REET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION	28a. AUTOPSY? YES NO CITY OR TON CITY OR TON death accoursed on the d	20b IF YES, WERE FIND CERTIFYING CALLYES COUNTY WAS COUNTY 19 20 20c. D	NDINGS USED ISES OF DEATH? NO STATE
WEDICALIFICATION AMEDICAL SO OI STANDARD SO OI STAND	e rise to immediate e tol, stating the rilying couse lost. 2 OTHER SIGNIFICAN ATE OF OPERATION CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF MER, NOTIFY MEDICAL EXAMINATION AT WORK NOT WHILE AT WORK NOT WHILE CERTIFY that (1) (This how we have deceased alive body.)	DUE TO, CO CO TRONDHIONS C 19b COND 19b COND 21b TIME C HOUR A ER) P 21c PLACE (AT HOME, ST	OR AS A CONSEQUE ONTRIBUTING TO D OF INJURY M. MONTH DA M. MOTH DA OF INJURY REET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	N WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET 19 2 that in (my) (our) opinion of DEGREE	20a AUTOPSY? YES NO CITY OR TON CITY OR TON Death occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FIT IN CERTIFYING CALL YES IN TEM 18, PART 1 OR	STATE AT E SIGNED AT E SIGNED

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	West (5) 1919		
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HOST IS NAME IS	Zaoga nada garo-a.	· · ·	0.
A Consu	A A PROCESS		101
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IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examines must be notified of

STATE OF MARYLAND FOR STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00235

				- was before the first of the			KEG. 140	<i>)</i> .			
	I DECEASED NAME	FIRST O		M,	BA	-U13L1T2	JANUA	1.	7, 1979	26 HOUR	5 4
	3. SEX Female		4. RACE White		5. DATE C	DE BIRTH 1.29,04 1891 EAR	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 2 HOURS	24 HRS. MIN.
E	7a. BIRTHPLACE (STATEORF	OREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore	R COUNTY		100	MD.
3	Randallsto	own	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET A Ltimore C	OHOME (DDRESS) OUNT	or other institution y Gen. Hospita	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O 1 Housewif	WORKING LIF	12b. KIND O INDUSTRY	F BUSINES	SSOR
8		13h COUN 12h COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	admission)	13d. INSIDE CITY LIMITS? YES NO 📆	13e STREET ADDRESS 803 Acade	my Av	enue		
30	14 FATHER'S NAME FIRST James		MIDDLE	Jackson		15. MOTHER'S MAIDEN NAM	WIDDLE		Algire	† •	
1	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	215-42-9		Lewis Schmidt	803 Acaden		d.	MATE INTERV	
		nediote ig the last	(b)		NCE OF	Cleutic Sease NOT RELATED TO THE TERM	Cardwr	DITIONGIV	EN IN PART 10	D))	
3	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATI	H?
>	OR CONTRIBUTING	CAUSE OF DEA AL EXAMINER) RED HILE	P. 21e. PLACE LAT HOME, STI	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA	19	21t. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJUR CITY OR TOW		COUNTY		ATE
1	22a. I certify that (1) sow the decease above, (1) (we) (1) 22b. SIGNATURE	ed olive on did) (did no	ngel	19		DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAF	F IAN DV			
	230. BURIAL, CREMATION,	REMOVAL	23b. DATE Jan.	10, 19 ^{23c N}	AME OF C	e Church Cem.	Falls Rd.	Balt	°Co.,		TE
	24 FUNERAL DIRECTOR	0	. 0			/ 25a. DAT	E REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE	

Owings Mills, Wo

DHMH - 16 50M 7/77 (VR A 15 (4))

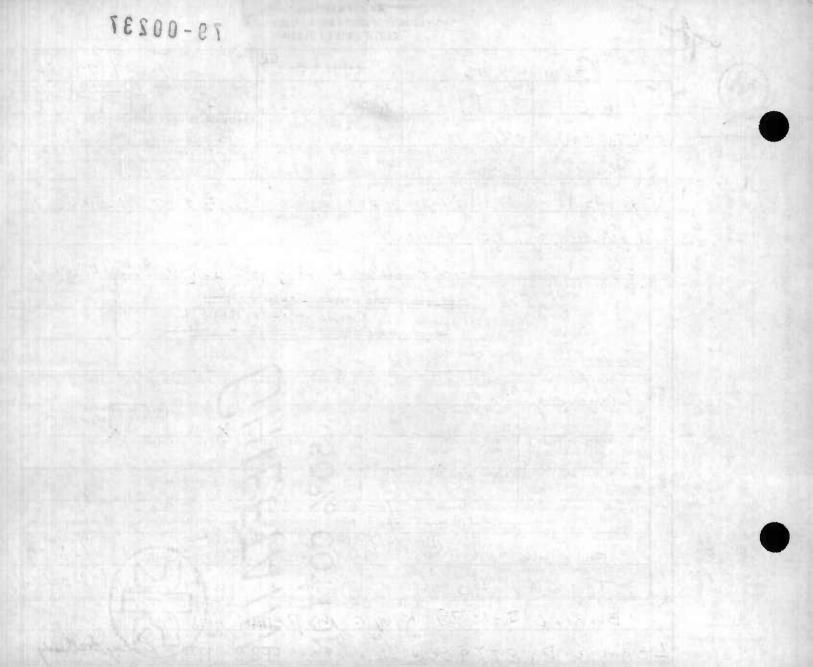
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79-00236 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 2:25 January 30 1979 BAUM Edna 4 RACE 5 DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HPS YEAR HOURS Female White 12-17-96 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. U.S.A. WIDOWEDIX DIVORCED T Baltimore county 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH TO KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewite INDUSTRY St. Joseph Hospital TOUS ON THE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR TOWN 3718 Grav Filled Suld b 13d INSIDE CITY LIMITS? Md. Graves Run Rd. YES [NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Bromwell. Clara Gruss 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-16-9248A Audrey Devin, 3718 Grafes Run Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Cardiopulmonary failure PRESTON ST., 0 Cholecystitis and cholelithiasis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate ÷ cause (a), stoting the underlying cause last Renal failure. Arteriosclerotic cardiovascular disease 201 ŏ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? riol-tronsit peri NO YES [71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) Me 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION orkedor (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on A. 2 a D M obove, (I) (we) (did) (did not view the bady after death. (bur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL should be deto with the Stote [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7620 York Rd. Towson, Md. 21204 Mary Mani Pulimood, M.D. 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto. STATE Cedar Hill Md. 2-2-79 Burial 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) Ruck Towson Funeral Home, Inc., Towson, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 26 DATE OF DEATH DECEASED NAME FIRST MONTH YEAR 2h HOUR (TYPE OR PRINT) Cily 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS MONTHS M BIRTHPLACE ISTATE OR FOREIGN COUNTRY 76 CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED -NEVER MARRIED DIVORCED [WIDOWED HE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TIPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY immy 10 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113h/COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 7 NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME C FIRST MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY W. PRESTON ST. Acothetic March IMMEDIATE CAUSE to 0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ZU UZAN ZENE gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost 0 ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOF YES D NO [Hygie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDICA PM 2 50 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR 45 saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body often death 22b. SIGNATURE DEGREE 22c DATE SIGNED -ATTENDING MEDICAL STAFF FUNERAL I DIRECTOR PHYSICIAN M PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS IMPORT 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN STATE BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 600 DHMH - 16 50M 7/77 (VRA 15(4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH TTYPE OR PRINTS ESTI-DEATH MATED Robert W. Beal 4 RACE 6 AGE (IN YEARS | IF UNDER TYR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED A DIVORCED Baltimore County PAGE 5 E FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY N. Charles St. 21204 Conetu Towson BE CORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME OF **INFORMANT** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for fa), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURING HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [BE PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry death resulted fra Accident Suicide Hamicide Undetermined manner DATE PAGE 4 SHOU EXAMINER'S NAME (TYPE OR PRINT) ADDRESS AME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL CREMATION REMOVAL 23b. DATE 250, DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 30M 7/73

MARYLAND

AND THE REPORT OF THE PARTY OF

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79	-00240
I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
Raymon	d Nathan	Beasley	January 2	20, 1979 2,10pm
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
Male	White	Nov. 17, 1901	77	YRS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
Virginia	U.S.A.	Baltimore	County MD.	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR INDUSTRY	
Dundalk	2710 Gray Man	nor Court	Carpenter	
	or other institution, give residence before inty or tow Dundall	AN TARE THE STATE OF THE STATE	130 STREET ADDRESS 2710 Gray M	21222 Manor Court
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
Robert	Beasley	Florence		Anderson
16a. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	Property of the Property of the Con-	ADDRESS	
NO	185-09-	-4817 Helen L.	Beasley, sar	
18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an	d (c ())		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (0)			15 min.
	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ASCVD	with previous	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRACTOR OF CALLER OF OR	AIR .	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	
WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		DEGREE ATTENDING PHYSICIAN	death occurred on the date of the birector Physician ern Ave., Ba	
23a. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial	Jan. 24,79 Ho	oly Sepulchre	Chel tenhar	n Pennsylvania
24 FUNERAL DIRECTOR	ADDRESS	250. PA	REQUEY REGISTRAR 256.	REGISTRAR'S SIGNATURE

Inc., Balt.,

Md

Duda-Ruck Funeral Home,

BP.

DHMH-16 50M7/77 (VR A 15 (4))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 10:10 (TYPE OR PRINT) Lillian S. Bechtel January 5, 1979 4 RACE 5. DATE OF BIRTH 3 SEX IF UNDER I YEAR 16. 1911 DAYS HOURS Female White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore County WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
BOOKKEEPET St. Joseph's Hospital INDUSTRY Towson DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 6122 Alta Ave 21206 YES 17 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Stange MIDDLE Steinbock Harry Lena. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-05-5006 Judith Piasecki 502 Towson Ave. 21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Carcinoma of colon with metastasis IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate other cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? shows the buriol-tronsit per ond Mentol Hygiene NON NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE December 10. January 220.1 certify that * (this hospital) attended the deceased from_ January 5. saw the deceased oliverary and that in (mx) (our) opinion death occurred on the date and hour and from the causes stated DIRECT should be detoched with the Stote Dept. 22c. DATE SIGNED 296 STONALLURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN * ATTENDING Jan. 7, 1979 MPORTANT: 226. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 714 York Road, Towson, MD 21204 John Clark, M.D. 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Baltimore. Maryland Jan. 9, 1979 Parkwood 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 town McCheroly Leonard J. Ruck, Inc. Balto, Md. (VR A 15 (4))

STATE OF MARYLAND

CJ.CI	January 5, 1979	Jec ntell	idili	ă.
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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

STATE	OF M	ARYL	AND	

79-00243

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR	n 1832-r		CERTIFIC	ATE OF D	EATH		REG. NO	o.				
	I. DEC	CEASED NAME FIRST	N	AIDDLE	LAST	11		20 DATE C	OF DEATH	HTHOM	DAY	YEAR O (2)	2b. HO	UR
	2.65		CC	Λ	Be	5/1		1 465			8	17	1	+ PM
	3. SE)	Ecmala	WHI	Te	S. DATE OF	DAY 23	86	92	YEARS LAST BIRT	HDAY) YRS.	MONTHS	DER I YEAR	HOURS	MIN.
, /	Jo BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED	☐ NEVER A	AARRIED [9. BALTIM	ORE CITY O	R COUN	TY OF D	EATH		
0	10 (1	TARYLANI.	11. NAME OF H	OSPITAL NURSIN	WIDOWED	OTHER INST	ORCED	Ba	OCCUPATION	ore		OUN		MD.
O	Pa	attonsville	HOUSE	FACILITY, GIVE STREET	PIN &		IIOION	(TYPE OF WO	RK FOR MOST O	F WORKING		b. KIND C IDUSTRY	DE ROSIN	IESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Batte), II	d. INSIDE C	NO X	130 STREET		le Av	e,			
34	I4 FA	ATHER'S NAME William	MIDDLE	Swans		S. MOTHER'S	MAIDEN NAM	ME	WIDDLE			Loi	1000	d
1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	215-01-7	74150	Mrs.	Fdna Mu	uir 4	13 Men	ss vrie	Lane	2 210	247	
		18 CAUSE OF DEATH (Enter	only ane cause per	ing for (o), (b), and	licil The	, , ,		Gara		-	11	APPROX BETWEEN	MATE INTE	RVAL D DEATH
		PART I. DEATH WAS CAU	IATE CAUSE (a)	Dudga.	177	1/1/10	705-	1777	to for y	Ces	6612	e_		
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3	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATION '	WAS PERFO	RMED	20a AUT	OPSY?	IN CERT	ES, WERTIFYING	CAUSES	NGS USE OF DEA	TH?
a	CER	21a. ACCIDENT WAS UNDERLYING		INJURY M. MONTH DA	Y YEAR	nc. HOW IN	JURY OCCURR	Canad			- Land	R PART 2)	- 1	
7	MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DE MILIT		19		JAN TAN			100	-	- 1	18	
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		saw the deceased alive obove, (I) (we) (did) (did		7 1.4	, ond	that in (my)	(our) apinion o	death occurr	ed an the do	ote and he	our ond		that (1)	,
		22b. SIGNATURE	not) view the bady of	offer death.	DE	GREE					2	2c. DATE	SIGNED	n
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	29. PL	John (. Mille	n Inc.	ADDRESS 6415	Belair	Rd.	250. 04	E REC'D. BY	1979 ^R	ZOB. REGIS	SIRARS	SIGNA	URE	7

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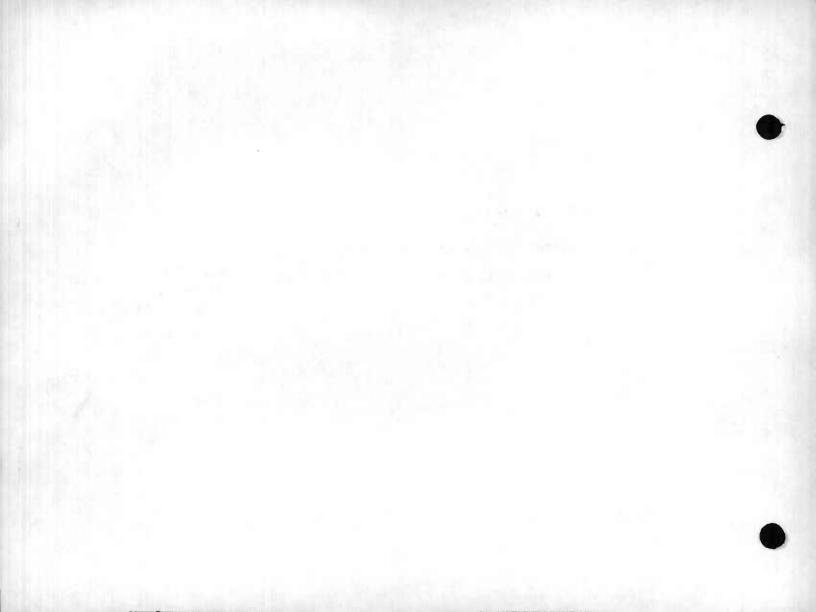
NAME: John J. Bemkey

DATE OF DEATH: January 5, 1979

PLACE OF DEATH: Baltimore County

SEE: # 79-02941

February, 1979
Baltimore County



//			STATE OF MARYLAND		46
	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79-	00244
	DECEASED NAME FIRST (TYPE OR PRINT)	E PETER	S BLACK	2a DATE OF DEATH MONTH	40
s after death	FEMALE	LARACE CARCASIAN	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
J. John J. J.	a BIRTHPLACE STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED UNIDOWED DIVORCED	9 BALTIMORE CITY OR COL	
£ % £///	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	17g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR
filled in nauld be in sauld be	MARYLAND ANN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) /N / 13d INSIDE CITY LIMITS?	136 STREET ADDRESS	AMBOAT ROAD
ampletely 1 and 2 sh	4. FATHER'S NAME,	RED PETE	15 MOTHER'S MAIDEN NO. FIRST HELEA	AME	E LEATHERBULY
s. Pages 1	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 215-24		ADDRESS	steamboat RD.
physical anpapers emaval.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per line for (o), (b), on SED BY: ATE CAUSE (a)	RESPIRATORY	FAILURE	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
attending nave carba ation, ar re roumatic e	Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF	PRESSURE	4 mos.
by the ose rem I, crema ather tr	gave rise to immediate cause io, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE		4111	
y, o		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1101
thas been it permit.	NO MALL 19a DATE OF OPERATION 11 - 30 - 78 21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED TUMOR		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
d The G	0.0000000000000000000000000000000000000		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
ter this cer is the buria h and Meni	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE 218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
RECTOR: After the design of Health fem 21 is mark	sow the deceased plive of	pital) ottended the deceased from 19 natiview the body after death	19, and that in (my) (our) opinion	, ta DEC , 6	hour and from the causes stated
the hardened of the Difference of Dep	22b. SIGNATURE	a L Talak	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DAJE SIGNED
retained by the	REANAL	DO L. TALA	22e ADDRESS	45 ALAMEDA	BALT. md,
e 2 € ₹ ₹ 1	30. BURIAL, CREMATION, REMOVA	23b. DATE 23c. 79 23c. 1	Puaker Cem.	23d LOCATION STYONY !!	ZIA Co Md
1 - 16 50M 1/76 (R A 15 (4))	Hardesty 7.	H. 12 Ridgely		TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH DECEASED NAME MIDDLE YEAR 26 HOUR (TYPE OR PRINT) 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNIOER 24 HRS MONTH YEAR XX L 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED winore CMM ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 21201 Un employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 25.06 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIQQLE LAST nown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) dy Ku own 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Hygien 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 20 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an DIRECTO above, (1) (we) (did) (did not) view the body after death Dept. 22h SIGNATURE DEGREE 22c DATE SIGNED MATTENDING MEDICAL STAFF + should be detained with the State E PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GEDUE STI BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE ISTRAR 256 REGISTRAR'S SICHAPURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAMMIE H. Bornowho Avi (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00246 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR Month 10, Pay (Type or print) Lvdia E. Boehmer January 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Female. White June 28.1884 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Maryland U.S.A. Baltimore County WIOOWED TX OIVORCEO [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street address ille Nursing Home Housewille, aven if retired.) INDUSTRY Pikesville DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 13c CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 21229 admission) STATE 13b. COUNTY Md. 435 Rosecroft Terrace YES 🔀 NO Baltimore 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle Lost Hopener Charles Di 11 W. Elizabeth 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, ng, ar unknown) | (If yes give war or dates of service) 213-54-0205 Mr. Frederick Boehmer 3211 Leeds St. 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise to immediate cause (a). OUE TO, OR AS A CONSEQUENCE OF please stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) permit 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) UNDERLYING buriol, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram_ that (I) (we) last , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) P 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION. (County) 1/12/1979 BIREMOVA (Decify) Loudon Park Baltimore, Maryland 250. REGISTRANS / 3 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS -G. Truman Schwab P.A. 3512 Frederick ADXIE . O (VR A15 (4))

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injury, or other troumotic event, the medical exam

should be detoched far use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00249

	REGISTRAR					CERTIF	CERTIFICATE OF DEATH			REG. NO.					
- 1		DECEASED NAME FIRST		***	MIDDLE	-	LAST			20. DATE OF DEATH MONTH DA			YEAR	26 HOL	JR
	TYPE	sister	Mary		Delor	00	Bossle	DCUA	Jan.	4, 197	9				
	3. SEX	X	IId.I	4. RACE	Delor	5. DATE C			AGE (IN YEA	RS LAST BIRTHDA	(Y)	IF UNDER	LYEAR	IF UNDER	24 HRS
		emale	1	Cauc.			. 13, 189			≨x 85	YRS.	MONTHS	DAYS	HOURS	MIN
6	E	RTHPLACE STATE OF		Th CITIZEN OF	Α.	MARRIE		CED		ounty		Y OF DEA	ATH		MD.
5	Baltimore Mer			Mercy					126 USUAL OCCUPATION 126 KIND OF BUSINESS OR 127 KIND OF BUSINESS OR 128 KIND OF BUSINESS OR 128 KIND OF BUSINESS OR						
5	13a. S	AL RESIDENCE (IFNI STATE Md	JRSING HOME OR		Baltim		138 INSIDE CITY	05°B	insures a	AVES					
30		seph"H.	Bossle	AIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRM ARGARET Mc MD Mald								
		VAS DECEASED EVE (ES, NO OR UNKNOWN)	R IN U.S. AR/	WAR OR DAT 218	166 SOCIAL S	80 S	17 INFORMANT . M. Cor	rine	RSM 68	ADDRESS 06 Bel	.lon	a Av	e		
		PART I. DEATH Conditions, if or gave rise to incause (o) sta underlying cou	was caused immediate ing the ise last	DUE TO, O DUE TO, O DUE TO, O (b) DUE TO, O	R AS A CONSE	ERAL OUENCE OF FENDS OUENCE OF	THROM	5					48		DEATH
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9	MEDICAL CE	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCU WHILE NOT AT WORK AT	CAUSE OF DEA DICAL EXAMINER) IRRED	P. 21e. PLACE	M. MONTH	DAY YEAR 19 FICE, FARM, ETC.}	AY YEAR 19 21f LOCATION			(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE				TATE	
		220-1 certify that	certify that (I) (this hospital) attended the deceased from								om the	that (1) (causes str	4		
1		22d. PHYSICIAN'S AIDA	NAME (TYPE OF	PRINT) E. W	JALSI	+	22e ADDRESS	3	ST.	PAUL		#	21	207	
	23a. B	BURIAL CREMATION	V, REMOVAL	13/6779		Woodla	EMETERY OR CREA	ATORY	23d. LOCAT	Woodla	wn,	Mdy		51.	ATE
	24 FU	UNERAL DIRECTOR	1.6.1	1 77	rk Rd.						dy				

DHMH - 16 50M 1/76 (VR A 15 (4))

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Jun. 4, 1979 ded. Es. legs Types in said in the High every miles done affilt pore!

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician



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should be detoched for use as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filed within 72 having the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00250

REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO	0023	U				
I. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR				
Fran	ık	Bova	a	January	24, 1979	M				
3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH						
Male	White	Jan		65	YRS DA	AYS HOURS MIN				
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		1				
Maryland	U.B	·A. WIDOWE		Baltimore	County	MD				
10 CITY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. KINI	D OF BUSINESS OR				
Towson	St. Jo	seph Hospi	tal	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Schmitz Co.						
USUAL RESIDENCE IF NURSING HOME		SIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	Cockeysvil	le. Md.				
		ckeysville	YES NO	123 Madiso	n Ave. 21	030				
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE		LACT				
Peter	Bov		Sebastin		Mess	ineo				
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	OCIAL SECURITY NO.	17. INFORMANT Wife		SS Cockeysvi	lle, Md.				
(YES, NO OR UNKNOWN) I IF YES, G	21	4-01-4104	Ethel E. Boy	Ethel E. Bova 123 Madison Ave						
18 CAUSE OF DEATH (Enter	anly one couse per line to	rio, ib, and ch.		01	APPP BETWE	ROXIMATE INTERVAL FEN ONSET AND DEATH				
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS		cut. In	wanted	holm	ten	The state of the s				
IMMEDI	ATE CAUSE (0)	MIC JIV	WILLIAM W	All well	77.7					
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couse (o), stoting the										
underlying couse lost										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING										
190 DATE OF OPERATION	196 CONDITION	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
E				YES NO YES NO						
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJU		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)				
OR CONTRIBUTING CAUSE OF C	EATH	ONTH DAY YEAR		4.						
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJ	URY	21f LOCATION							
WHILE NOT WHILE D	I AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	IN COUNTY	COUNTY STATE				
220.1 certify that (1) this has	nital) attended the dece	osed from	19/25 19	10 1/20	3 79	the (I) we lost				
saw the deceased alive an obove. If (we) digit (did not) new the baby after death 1973, and that in (my) (obr) apinion death occurred on the date and hour and from the causes a obove. If (we) digit (did not) new the baby after death										
22b. SIGNATURE	obovy, (fi (yle) did (did not) new the body after death 226. SIGNATURE 226. DATE SIGNED									
IN	MA ATTENDING MEDICAL STAFF									
PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS										
	am Meredith	Smith								
			EMETERY OR CREMATORY	123d, LOCATION	11 I dI May					
230. BURIAL, CREMATION, REMOVA	and the second second second			CITY OR TOWN	COUNTY	STATE				
DULTAT	Jan 27 19	(A Duraue)	y Valley Mem.	Cockeysvi	lle Mary	Land				

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retained by the hospital

(VR A 15 (4))

Leonard J. Ruck, Inc.

Baltimore, Maryland

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST L DECEASED NAME 20 DATE OF DEATH 2h HOUR RUTH NAOMI BOWMAN JANUARY 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH OAYS 19,1898 White Female Sept. TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. BALTIMORE COUNTY. MD. WIDOWED DIVORCED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** ER Housewife TOWSON EATER BALTIMORE MEDICAL Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3107 Hamilton Ave. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland 15 MOTHER'S MAIDEN NAME Charles Phipps Rice Charlotte 17 INFCHARLES T. BOWMANTESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-10-5752B 3107 Hamilton Ave., Balto. 2121 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) WOUND SEPSIS DUE TO OR AS A CONSEQUENCE OF DECUBIT Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. STROKE (OLD) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NONE NOV YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental or Hern MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that (X (this hospital) attended the deceased from saw the deceased olive an. , and that in (Xy) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be detor with the State D IMPORTANT: IF PHYSICIAN DIRECTOR PHYSICIAN & 22d. PHYSICIAN'S NAME ATTHE OR PRINT 22e. ADDRESS (GBMC) 6701 N. CHARLES ST. D. WOLF. M.D 21204 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Buria] Jan. 24.1979 Westminster estminster BY REGISTRAR 255 REGISTRAR'S SIGNATURE ALTENBURG FUNERAL HOME INC. DHMH - 16 50M 7/77 (VR A 15 (4)) 6009 Harford Rd., Balto., 21214

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00253 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle 2a. DATE KNOWN 2b. HOUR Yeor (Type or Print) OF ESTI-Esphel DEATH MATED 197 3 SEX AGE (In years 2c DATE PRONOUNCED DEAD 2d. HOUR (9 YRS. Day L 2-18-1909 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY be executed withind in period in period Medical Examiner's Middle 15 MOTHER'S MAIDEN NAME 17. INFORMANT (Yes. no. gr.unknown) (If yes give wor or dates of service) event 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF puo Conditions, if any, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION emotion, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK pr 22a. I certify that I took charge af the remains described obove, held an Autapsy ... Inspection , Inquiry [ond in my opinion Natural couses X death resulted fram: Hamicide | Undetermined manner Accident Suicide | be retained DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL Mental 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** LESTER N. KOLMAN, M.D. and 3 ta je 5 may FUNERAL ADDRESS(Street, city, town, ar county) NAME (Type) 23g. BURIAL CREMATION 23d. LOCATION (City or Town) Towson 24. FUNERAL DIRECTOR DHMH-17 1/71 tOM (VR AtSME (5))

ttending physician and completely filled in by ve carbon popers. Pages 1 and 2 should be filed

njury, or other traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

retained by the hospital or attending physician

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.

IMPORTANT: If Item 21 is morked or Item 18 sho

HUBBARD FUNERAL HOME.

STATE OF MARYLAND

ì	FOR	DED		EALTH AND MENTAL HYG	TENE 79-0025	
ı	1 - STATE REGISTRAR	DEF		ICATE OF DEATH		
ŀ	1. DECEASED NAME FIRST	MIDOLE	L.	AST	REG. NO.	2b HOUR
I	(TYPE OR PPINT) MABLE	La serve at the	BRETT	SCHWERDT	11-11-79	12:51Pm
ľ		RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	F UNDER 24 HRS
I	FEMALE	WHITE	MONTH 09	07 92 PAR	86 YRS. MONTHS DAYS	HOURS MIN
Ì		b CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	
1	MARYLAND	U.S.A.	WIDOWE		BALTIMORE COUNTY	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE		OR OTHER INSTITUTION	126. USUAŁ OCCUPATION 126. KIND ((TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
	RANDALLSTOWN	BALTIMORE CO	OUNTY GE	NERAL HOSP.	LABORER CALV	VERT
I	USUAL RESIDENCE (IF NURSING HOME OF CO. 136 STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OR		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS DISTE	ELLERY
1	MARYLAND HOWAR		OTT CITY	YES NO X	3010 RAMBLEWOOD DRIVE	E, 21043
I	14. FATHER'S NAME FIRST M	IDDLE LAST	T	15. MOTHER'S MAIDEN NAM		AST
1	ARTHUR		ATT	MARY	E. FI	REY
I	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) 1 (IF YES, GIVE Y	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS ELLICOTT (
Ī	NO	214-	14-7414	LLOYD C. BRE		
I	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for to	bi, and/c	Ond OR	mmany to July	XIMATE INTERVAL
1	IMMEDIATE		245e (and the property	Allines of Jerry	
I	7-187	DUE TO, OR AS A CONS	SEQUENCE OF	Henral 7	aviere	
ı	Conditions, if any, which gave rise to immediate	(b)	-	11414	1	
I	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONS	SEQUENCE OF	Dir locade	1 ONOTI KEDING	St. 7
I	PART 2. OTHER SIGNIFICANT CO	(c)	C TÁ DEATH BUT	NOT DELL'IED TO ATE POU	INAL DISEASE OR CONDITION GIVEN IN PART 1	(X)
I		ONDITIONS CONTRIBUTING	To	8 lellon	INAL DIDEASE OR CONDITION GIVEN IN PART I	01
1	19a. DATE OF OPERATION 2/a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	206. AUTOPSY? 206 IF YES, WERE FIND	
1	H /2/20/08	- DT/0	an	Dus / Krey	YES NO YES YES	NO [
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
ı	OR CONTRIBUTING CAUSE OF DEAT	P.M.	1 DAY TEAK			
l	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O.	DEFICE FARM FTC)	21f. LOCATION STREET	CITY OR TOWN COUNTY	STATE
1	WHILE NOT WHILE AT WORK					
ı	22a. L certify that (I) (this hospital	ol) ottended the deceosed f		. 19		, that (1) (we) lost
ı	sow the deceased alive on above, (1) (we) (did) (did not)	yew the body ofter death.	.19, or	nd that in (my) (our) opinion o	death accurred on the date and hour and from the	e couses stated
ı	22b. SIGNATURE	- mx		DEGREE ATTENDING	MEDICAL STAFF	E SIGNED
4	Justin ord	2	7	PHYSICIAN [DIRECTOR PHYSICIAN	139
١	22d PHYSICIAN'S NAME (TYPE OR	TAMBEN N	MX	22e ADDRESS		//
1	1-00kg Gr		<u> </u>			
	230. BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN COUNTY COUNTY MAI	DAT AND
	BURIAL 24 FUNERAL DIRECTOR	01-15-79	TOODON	PARK CEMETERY		RYLAND
1	NAME	ADDRE	55 OZ 11112E	21229 JAN	1 2 1979 REGISTRAR 256. REGISTRAR'S SYNA	ready

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DHMH-16 50M7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the hospital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00258

1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	RF(6. NO.	000	
1		CEASED NAME	FIRST	^	MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26. HOUR
	(TIPE		rie	B.	В	RONZI	ERT	Janua	ry 16,	1979	12:45PM
	3. SE	X		4 RACE		5 DATE O		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	900	Whi	te	Feb.	/	62	YRS.	MONTHS DAYS	HOURS MIN
	70. BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
St.		Maryland		USA		WIDOW		Balti	more (County,	MD.
	10. C)	TY OR TOWN OF DEA	АТН		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU	PATION	126. KIND (OF BUSINESS OR
00		Fork		1-0	Retwood			Secreta			etarial
	USU,	AL RESIDENCE (#F NURS	136 COUN	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE		1 13d, INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
33	Ma	ryland		imore	Fork		YES NO X	12408 Re	gwood	Road	
	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA		7.00	IA.	61
03		Henry		Elligsor			Anna		auer		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	A	DRESS	le, Md.	21085
		no			217-01-	3/38	Edward Brons	zert 1240	8 Regv	vood Rd	•
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b), one	l (c)				APPRO) BETWEEN	ONSET AND DEATH
		PART I. DEATH W		ED BY. TE CAUSE (0)	Cyst	icc	Glioma			10	months
		1889		DUE TO, OI	R AS A CONSEQUE	NCE OF					
		Conditions, if any,		(b)_	:				100		
		gove rise to imn couse (o), statin	ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
	W	underlying couse	lost	(c)							
	7	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION	IVEN IN PART 1	[0]
	CERTIFICATION							Too was a second	Too: 15 M	EC WERE CINIO	Nos in the
2	FICA	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDS	S OF DEATH?
0	RTII	21a. ACCIDENT WAS UNE	DEBLUMIC F	7 21b. TIME O	E IN I II IDV		21c. HOW INJURY OCCUR	YES NO		YES	ио 🗆
9	-	OR CONTRIBUTING	- Long		M. MONTH DA	Y YEAR	ZIL HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN STEM 18	B, PART 1 OR PART 2	
	MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e PLACE		19	211 LOCATION				
3	MEC	WHITE IN NOT WE			REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY O	RTOWN	COUNTY	STATE
						11-	2179	70	N 16	10 79	1 0 6 1 1 1 1
	A	220. I certify that (I) sow the decease	ed olive on	112	179 19	. 0	nd that in (my) (our) opinion	1.0			that (1) (we) lost
4		22b. SIGNATURE	did) (did no	ot) view the Body	ofter death		DEGREE		11.		SIGNED
		Lowar	01	HB.	V		ATTENDING _		STAFF	Technology and the second	16,79
		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	<u> </u>	-	22e. ADDRESS	M DIRECTOR PH	13ICIAN [Juan	10,79
5		Uniona	D 3	W D			0618 B-1-:-	Da-3 D-7	4.5	Ma	21276
	230 8	Howard BURIAL CREMATION			123c N	IAME OF C	19618 Belair	Road Bal	timore	Md.	
	(SPECIFY)	NE/HOVAL				sary Cemeter	CITY OR TOWN	mone C	o. Md.	STATE
		Burial UNERAL DIRECTOR		Jan 1		TA KC		E REC'D. BY REGIST			
		NAME TO	- h o m =	Two	ADDRESS	nin	Rd. 21206 JA	N 1 8 197	9 tus	yry se	Cready

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	otal	states Santi			enerolo

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		REGISTRAR		CERTIF	ICATE OF DEA	ATH	REG. N	9 -	0025	9
0		CEASED NAME FIRST	MIDDLE		AST	F/CEG	2a. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
		FAIED.	A HITT	30	OOK	1 - 2 - 1	JANU	ANY.	16 1979	10 A.M
	3. SE	X	4 RACE	5. DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
		FEMALE	WHITE	12		1910	68	YRS.	JAI S	THOOKS MIT
9		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MAR	RRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	. /
311	11	RUSS 1A	U.S. A	WIDOWE	DIX DIVO	RCED 🗌	BACTIMO	16	COUNT	MD.
P P P	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITU	NOIT	120 USUAL OCCUPATE			F BUSINESS OR
(O)	_	BALTIMORE	2414 SUGANO		9)		HOUSEWI			HOME
st pe	USU,	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			13d INSIDE CITY	LIMITS?	13e. STREET ADDRESS	#	21209	7 - 10.5
E _ S	1	77. 34	CT. BALTIMO	ORE	YES N	1		GAK	ONE 1	2D
a suite	14. FA	ATHER'S NAME	AIDDLE LAST		15 MOTHER'S M		NE MIDDLE	NW	- 145	7
\$30		ABABIHAIT	REICH	MAN	2113	BA	THOUSE .		A807	2661
dico		VAS DECEASED EVER IN U.S. ARI	WED FORCES? 166 SOCIAL SEC WAR OR DATES)	URITY NO.	17 INFORMANT		ADDRE	55		Po.
ae a		NO	088-22	-4217	LIBBIE 1	- 15CHe	1 (DAUGHTER)	24/	4 SUEAI	100NG
t,		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a	nd (c		111111	/	7/11/	BETWEEN	MATE INTERVAL ONSET AND DEATH
0 > 0		PART I. DEATH WAS CAUSEI	E CAUSE (0) CO174	RE501	811014	DEPI	20561011		2	YHNS.
ofic		1519	DUE TO, OR AS A CONSEQU	JENCE OF	(- 2011	,		9
000	12	Conditions, if ony, which	(b) METAS	ATIC	CARCIN	DINA ;	TO BRAIN		0	17011745
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	,	47.7				
to		underlying couse last.	(c) GASTA	10 C	ANCIN	0/14			10	YNS
٥,٠	_	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONE	ITION G	IVEN IN PART 110	01
2	ě									
Son	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		ES, WERE FINDIN	
306	RT						YES NO		res 🗌	NO 🗆
9		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	LIGHT AND MONTHS.	DAY YEAR	21c. HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18,	, PART 1 OR PART 2)	
te #	SAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
0 0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
o x		AT WORK								
5			TANDANY 1/ 10	20 C	6051	19 / 8		*/) Y		that (1) (we) lost
2 2		sow the deceased alive on, above, (1) (was / d. d.) (did not		,		a opinion d	eath occurred on the do	te and ha		
=		22b. SIGNATURE	100		DEGREE	NDING	MEDICAL _ STAF	F	22c. DATE	SIGNED
ž		gurlan c	. 16-11	/	1-1, PHY		DIRECTOR PHYSIC		1//	6/17
KTA /		22d. PHYSICIAN'S NAME (TYPE OF			22e. ADDRESS	110	INT BENJ	0 2	PAIT. 7	1774
W W		BUNTONC	. WLUGOFI					1 2	1101 - 2	1201
_		MOVAL/BURIAL		NAME OF C	EMETERY OR CRE	MATORY	FLUSHING		COUNTY NEW	YORK
- 10	T.L.	MOVAL/ BUKIAL	JAN. 1.7, 19/9	TIVO	DION	-	I BOSITING	-		201111

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. BALTO. MD 21215

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-99261

I	- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N		021	J 1
Ī	DECEASED NAME FIRST WILLIAM		MIDDLE	Brow	LAST VY	January 1		YEAR	26 HOUR
	Male Male	4 RACE Whit	ce .		of Birth 0st 28 1894	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	DER I YEAR	IF UNDER 24 HRS. HOURS MIN
7	a. BIRTHPLACE (STATE OR FOREIGN VIRGINIA	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore City of Baltimore		DEATH	MD.
1	city or town of death Edgemere		HOSPITAL, NURSING		OR OTHER INSTITUTION	17a USUAL OCCUPAT	DE WORKING LIFE)	NOUSTEN	of Business or teel
i	JSUAL RESIDENCE (IF NURSING HOME 130. STATE Md	OR OTHER INSTITUTION JNTY LIMOTE	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS	coln Ave	21	1219
	Joseph H.	MIDDLE	Brown		Henrietta	MIDDLE		Part	Ker
1	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	223-03-80		Mrs. Tressi	ADDR Le M. Brown		ncolr	n Ave
	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b)		NCE OF	Prostal I NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON	706. IF YES, WE	RE FINDI	NGS USED
	RTIFIC		AF IN LUIDY		Tay Househaller	YES NO	IN CERTIFYING		NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED)	R) P.	.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1	OR PART 2]	
	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN C	OUNTY	STATE
	220.1 certify that (1) (this has saw the deceased alive c abave, (1) (we) (did) (did 22b. SIGNATURE	n //	14 197		nd that in (my) (our) apinion of DEGREE ATTENDING	MEDICAL STA	AFF _		
7	274 PHYSICIAN'S NAME (TYPE Dr. John 1	/. Conwa	y 23c N	IAME OF (3401 Dunda	123d LOCATION		' '	/ [/]
	(SPECIFY) Burial	1/19/		Dak 1	awn	CITY OR TOWN	re Balti	more	Marylan
1	NAME Duda-Ruc	k Inc. 7	922 Wise	Ave I	undalk, Md 21	1221 1979	.41	-	Creaty

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					FICATE OF DEATH		REG. NO.		
		CEASED NAME OR PRINT)	resi iver		rren		BUCK	20 DATE OF	DEATH MONTH	1 97 9	2b. HOUR
	3. SE)			RACE	Tren	5 DATE O		Janu A AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1	YEAR IF UNDER 24
		ale	T	Whi	te	May	H DAY YEAR	90		MONTHS D	AYS HOURS
1	7e. Bil	RTHPLACE ISTATE OF F	OREIGN 7		WHAT COUNTRY?	R.			RE CITY OR COU	INTY OF DEAT	н
83	V	irginia		U.S	. A .	WIDOW	D. NEVER MARRIED	Balt	imore (County	
pe	10. CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF I	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL C	DCCUPATION FOR MOST OF WORKE	12b KIP	ND OF BUSINES
OO fifted		uthervil					ry Avenue	Audi		AC	counti
and is	13e S	ALRESIDENCE (IF NURS TATE ryland	136 COUNT	other institution.	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Luthe	/N	131. INSIDE CITY LIMITS?	13 e. STREET /	W. Sem:	inarv	Avenue
Somine State		THER'S NAME		ODLE	Buck		IS. MOTHER'S MAIDEN N Nannie		MIDDLE		ight
	_	VAS DECEASED EVER	IN U.S. ARM	NED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	2109	
medica	"IĂ	ES, NO OR UNKNOWN)		WAR OR DATES)	216-10			uck 20	8 W. S.		the same of the sa
sumatic even		4409 Conditions, if any	AS CAUSED IMMEDIATE which	CAUSE (0)	R AS A GOT SECON	ENCE OF MOSI	plerosis	wor			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

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79-00263 Secretary of the selection of the control of The server of antonin well as each care in the server we THE COLD COOL STEEN SOUTHERN SEED FOR THE PART LOSS TO desired in red man Mr. Energy College

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00264 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) JENNIE C. BUKOWSKI RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 H White June 24, 1900 YEAR Female 78 70 BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE. Poland WIDOWED X Q CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) JOSEPH HOSPITAL TOWSON DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 130 CITY OR TOWN 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 5966 Glen Falls Ave Baltimore Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Febronia. MIDDLE Anthony Nalenc Calka 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I FIF YES, GIVE WAR OR DATES! 215-05-5195 Mrs Praxeda Wisniewski 5968 Glen Falls Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per PANCREAS PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 ABSCESS, Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify tho XII) (this hospital) attended the deceased from sow the deceased alive on XX JAN 18 19 DEC obove, N (we) (did) (and) view the body ofter death and that in (XXX(our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b YORK RD, BALTIMORE CO., MD, 2120 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE Baltimore, Maryland Holy Rosary 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Leonard JRuck Inc. Baltimore, Maryland (VR A 15 (4))

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MANAGER HEATON

TOOLS DESIGNED SECTION OF STREET

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00200

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	9-0	UZ	0 0
		CEASED NAME FIRST		MIDDLE	0	AST	20. DATE OF DEATH MON	01	YEAR :	2b HOUR
4	3 SE)	14.	A. RACE	chley	130	CTT,	1.405	di	17	F UNDER 24 HRS
		male	Cau		S. DATE C		6. AGE (IN YEARS LAST BIRTHDA'	YRS.	DAYS	HOURS MIN.
A	CC	RTHPLACE STATE OR FOREIGN OUNTRY) aryland	76. CITIZEN OF	what Country . A.	? 8 MARRIEI WIDOWE	D NEVER MARRIED	Baltimore city or c		MYL	4 MD.
		TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPATION		KIND OF	BUSINESS OR
		altimore AL RESIDENCE (IF NURSING HOME O	Fernix	19 PKI	UV R	159 Home	Retired Retired	S	alema	in
E	13a. S	Md. 13b. COU	Ho.	13c CITY OR TO	WN	YES NO XX	0001	orver	Ro	١.
2		ATHER'S NAME FIRST Arthur	MIDDLE	Butt	s	Mary	MIDDLE .		Everr	nardt
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b SOCIAL SEC 218-30-		17 INFORMANT Elizabeth B.	ADDRESS Church Same	As #13	e	
		IN CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE		line for (a), (b),	nd Ici.i	ARRest.				ATE INTERVAL ISET AND DEATH
		Conditions, if ony, which	DUE TO, O	RAS A PONSECUL	JENCE OF	D 4 Br	38.		YRS	
		couse (a), stating the underlying cause last.	DUE TO, 2	RAS A CONSEQUENCE OF	1 / / 1	Rtearo Sch	erosis-		YRS	~
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	Mem	_	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITI	ON GIVEN IN	PART 1(o	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20 YES NO	b. IF YES, WERI CERTIFYING (YES [E FINDING CAUSES O	S USED OF DEATH?
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR	PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	1 79	UNTY	STATE
		220.1 certify that the this hosp saw the deceased olive or above, in the idial (did no		19	761	nd that in (my) (aur) apinion d	eoth accurred on the date	ond hour and f		nat (I) (we) lost ouses stated
		22b. SIGNATURE HOY	Jano	336	4	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		1-2:	13-79
		22d. PHYSICIAN'S NAME (TYPE O	- CH	RO 771	A	5217 YOR	KRd. Bn)	to Me	d 2	1212.
	23a. B	BURIAL, CREMATION, PEMOVAL	23b. DATE 1-24-			emetery or crematory n Cemetery	Woodlawn,	Balto.	Marv	land
	24 FL	Burial UNERAL DIRECTOR				-	RECO. BY REGISTRAR 256		_	
	Ru	ick Towson Fune	ral Home	e. Inc.	Towson	. Md. 21204 N	6 J 1979 Va	intry 1	recres	els

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DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR, After this certificate hos been signe should be detoched for use as the buriol-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

OR ATTENDING PHYSICIAN: The

HOSPITAL

MPORTANT: If Hem 21 is morked or Hem 18 shows

DATE PECD. BY REGISTRAR 251 SEGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 00267 page 3 e Dept. 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Manth Margaret CALDWELL 1:50 M director the (51 4 RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS Female White 5/19/11 YRS. deoth. eral with 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) after WIDOWED [DIVORCED Md. Baltimore County USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR haurs give street oddress)
Franklin Square Hosp. during mast of working life, even if retired.)
Housewife **INDUSTRY** DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Balto. County 13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Md. Balto 2414 Wythe Ave l and 14. FATHER'S NAME First Middle last 1S. MOTHER'S MAIDEN NAME First Middle John D. Braswell Molly Byrd 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY-NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) 280-22-5358 APPROXIMATE INTERVAL 18: CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Liver Failure, Alcoholic cirrhosis DUE TO, OR AS A CONSEQUENCE OF (onditions, if ony, which gove) pup rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) crematian 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES T burial, 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 12/14/, 19/8, ta 1/3/, 17/3, 17/3, 17/3, 17/3, 17/3, 19/3, and that in (my) (aur) apinian death accurred an the date and haur and fram the Mental 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR ATTENDING STAFF DIRECTOR 294 MMDEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Brooks Dickerson, M.D. pe 4 9000 Franklin Square Drive shauld of Healt 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) (REMOVAD (Specify) 1-3-9 24. PUNERAL DIRECTOR ADDRESS 25a., REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M DATE JAN Balto., Md. (VR A15 (4)) Anatomy Bd. 655 W. Balto. St.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

FOR

director, page 3 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENS

Washington,

250. DATE REC'D. BY REGISTRAR 256 REDISTRAR'S SIGNATURE
JAN 3 1979 Linky & Curly

1979

	- STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	9-0021	
	DECEASED NAME FIRST YPE OR PRINT)	2	NDDLE	O LA	ST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
L	MATI	Lha	S	(c	ar Bo	Jan 1	1979	2 a
3. S		4. RACE		5. DATE OF	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
	Female	Whi	te	Ser		86	YRS.	3 110003
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
0	Ecuador	USA		WIDOWED		152/7/1	MARE COU	WTV
10 0	CITY OR TOWN OF DEATH		OSPITAL, NURSING		ROTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS
	Rossville /	Manor		-	ville	Saleswor		finkle
USU 13a	UAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		N.W
NW	lash. D.C.		D.C.		YES NO		W Hampshir	re Ave
14. F	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		
/		Pelipe	Carbo		Mati	lda	Nabo	LAST D.B.
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURI	ITY NO.	17. INFORMANT	ADDRE		
	NO NO INCOMPANDANT	/E WAR OR DATES]	213-20-0)659	Mr. James	E. Jones	Balto.,	Md.
N	PART 2 OTHER SIGNIFICANT	((c)			A	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
0	1/1-0000) rucer	Sylvice					
CATI	190 DATE OF OPERATION	196. CONDI	TION OR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE	OINGS USED
RTIFICATI	190 DATE OF OPERATION			PERATION		YES NO	IN CERTIFYING CAUS	ES OF DEATH?
CERTIFICATION		21b. TIME OF	INJURY		21c. HOW INJURY OCCURE	YES NO	IN CERTIFYING CAUS	ES OF DEATH?
		21b. TIME OF HOUR A.A	INJURY A. MONTH DAY A.		21c. HOW INJURY OCCURE	YES NO	IN CERTIFYING CAUS	ES OF DEATH?
MEDICAL CERTIFICATI		21b. TIME OF HOUR A.A P.A 21e. PLACE O	INJURY A. MONTH DAY A.	YEAR		YES NO	YES TO THE TENT OF PART 2	ES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that the contribution of the deceased alive are above. (I) (we) (did) (did not	21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE	EINJURY A. MONTH DAY A. A. DE INJURY EET, FACTORY, OFFICE, FARI deceosed from 79.19	YEAR 19 RM, ETC.)	216. HOW INJURY OCCURR	YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV	IN CERTIFYING CAUS YES IY IN ITEM 18, PART 1 OR PART 2 VN COUNTY	STATE
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that in (this hosp sow the deceased alive or	21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME, STRE	EINJURY A. MONTH DAY A. A. DE INJURY EET, FACTORY, OFFICE, FARI deceosed from 79.19	YEAR 19 RM, ETC.)	21f. HOW INJURY OCCURE 21f. LOCATION STREET , 19 78 4 that in (my) (our) apinion of	YES NOW RED (ENTER NATURE OF INJUR CITY OR TOV	IN CERTIFYING CAUS YES IY IN ITEM 18, PART 1 OR PART 2 VN COUNTY Date and hour and from 11	ES OF DEATH? NO STATE

Sons Co. 21212

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Henry

Road

Balto.,

Md.

24 FUNERAL DIRECTOR

anding physician and campletely filled in by the funeral director, page 3 corbanpapers. Pages 1 and 2 shauld be filed within 72 hours ofter death

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00271

1	1 -	STATE REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	RE	y - v	021			
	1. DEG	CEASED NAME OR PRINT)	anche	Carter	AIDDLE	L	ASI	2a. DATE OF DE A		23	YEAR 79	26. HOU 9:10	A
	3. SEX	Female		RACE White		S. DATE C		6. AGE (IN YEARS L	25	MONTHS	DAYS	IF UNDER	24 HRS MIN
3	V	RTHPLACE (STATE ORFO PUNTRY) irginia		USA		WIDOWE		Balti	more	Count	У		MD.
0	Ca	ty or town of DEA atonsville	e F	rederi	ck Vil	eet address) La Nrs	g.Center	Or Nursing	MOST OF WORK	NG LIFE) IN	KIND O DUSTRY	F BUSINE	SS OR
6	13a. S	AL RESIDENCE (# NURS TATE Maryland	136. COUNT Balt	Υ	13c. CITY OR TO Monkto	NWN	13d, INSIDE CITY LIMITS? YES NO 🔯	130 STREET ADDI 220 EV		Rd.			
Z		THER'S NAME FIRST Frank		DDLE	Hine		15. MOTHER'S MAIDEN N FIRST Matild	a		ogger	×X	XXX	×
	(1	VAS DECEASED EVER ES, NOOR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE V		216-28		Shirley Wil		Ever			MATE INTER	
	7	Conditions, if ony, gove rise to improve (o), static underlying cause	mediate ng the last.	(b)	R AS A CONSEC	DUENCE OF	ASCVD NOT RELATED TO THE TER	minal disease or	CONDITION	1 GIVEN IN	PART 1(e	5)	
	CERTIFICATION	190. DATE OF OPERA	TION	196. CONDI	TENNION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY	INC	IF YES, WER ERTIFYING YES			TH?
1	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR! WHILE (IF AT WORK) AT WORK	CAUSE OF DEATH	P 21e. PLACE	M. MONTH M.	DAY YEAR 19	21t. HOW INJURY OCCU		OF INJURY IN ITE		R PART 2)	SI	TATE
		22a.1 certify that (I) sow the decease obove, (I) (we) (c) 22b. SIGNATURE 22d. PHYSICIAN'S N. Humbert	(this hospitoled olive on did) (did not)	view the body Whity PRINT)	ofter death.	79.0	nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL DIRECTOR P	STAFF HYSICIAN	2	from the 2c. DATE	SIGNED	
	23a. E	burial buria		23b. DATE 1/26/7			emetery or crematory		. Co	ounty	7, M	d. st.	ATÉ

DHMH - 16 25M (VR A 15 (4)) 9/74

BP.

IMPORTANT; If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the medical exam

should be defached for use as the burial-transit permit. Then please remove corban pape with the State Dept. af Health and Mentol Hygiene priar ta burial, cremation, ar remaval

TO FUNERAL DIRECTOR: After this certificate has been signed by the

24. FUNERAL DIRECTOR
Evans Ful Funeral Chapel 2325 York Road

JAN 29 1979 REGISTRAR 256. REGISTRAR'S SIGNATURE

79-00271

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No. 24

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Evans Funerul Blace 1982 Fork Road Line

3		1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7	9-01	1211	
oge deoth			CEASED NAME FIRST CORPRINT) James	AKA Stanle	y James CE	Celmer LMER	2a. DATE OF DEATH	MONTH DAY		26. HOUR 12:40
e 4 moy		3 SE		4 RACE White	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 H
ter death Pag	93 F	20. B C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COU	NITDV2 8	D NEVER MARRIED	D BALTIMORE CITY C	R COUNTY O		
ed +	Position 1		ssville 21237	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Franklin Squ	NURSING HOME C	OR OTHER INSTITUTION	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Maintenance	ION		of BUSINESS Steel
24 illec	35 35	13a :	AL RESIDENCE (IF NURSING HOME O STATE 136 COUI LTYland Balt	NTY 13c. CITY O		13d INSIDE CITY LIMITS? YES NO 🛣	610 S. Man	rlyn Av	e. 212	221
ted with	Somina 3	14 FA	THER'S NAME Kostanty	MIDDLE Celm	er	15. MOTHER'S MAIDEN N Joseph	ine - MIDDLE		prows	ďi.
be execut on and co	e medicol	16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATECT	1 SECURITY NO. 7-4819	Mildred Doyl	ADDR Le, daughter			
that the death certificate by the attending physici case remove carbon paper of, cremotion, or removal.	r other troumatic event,		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last	TE CAUSE (a). Lara10	Regurgi	ry refractor	y congestive	neart		
low requires that s been signed by rmit Then please prior to burial, cr	ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION		antine dele	MINAL DISEASE OR CON	20b. IF YES, V	WERE FINDI	
N: The hysician.	18 shows		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		H DAY YEAR	21c. HOW INJURY OCCU	YES NO X	YES		NO [
¥ Po Sig A	rked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21 d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	0FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
spital or CTOR: Af	n 21 is mo		22a i certify that (i) (this hasp saw the decedsed alive at above, (i) (we) (did) (did)	ital) attended the deceased 1/22/	_1979, 01	1/2/ , 19_79 and that in (my) (our) opinio	, to 1/2 n death occurred on the d	2/, 19 ote and hour a		
0 9 0 0	NT. If hea		22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	22/79
TO HOSPITAL retained by the TO FUNERAL should be detivited with the State	MPORTA		Gaspar Del Mo	onte, M.D.			lin Square D	rive		
BP			BURIAL, CREMATION, REMOVAL Burial	1-25-79	Gardens	of Faith	Baltimore	Count		state cyland
DHMH - 16 50M 7/7 (VR A 15 (4))	7	8	uzdzinski Tune	ral flome PA 1	407 Old 1	Eastern Avel	N 2 5 1979	Pist		Credy

#1 g528 2/9/79 gj

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00274

11.	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.		
	ECEASED NAME FIRST PE OR PRINT!		DOLE	G	lark	20. DATE OF DEATH	MONTH	2 79	26 HOUR
3. SE		4 RACE White	te	S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY] YRS	IF UNDER 1 YEAR MONTHS DAYS	
(BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WI		MARRIEI WIDOWE	DEVER MARRIED [nuge	ounty	M
Ra	endallstown	BOLT IN	COUNTY GIVE STREET A	LNY (ROTHER INSTITUTION	120 USUAL OCCUP. ITYPE OF WORK FOR MOS Superviso		126 KAND C INDUSTRY HOUSING	of Business of PennSta
5 Pe	JAL RESIDENCE (IF NURSING HOME OF STATE Ennsylvania Camb	VTY.	TEBENSON DE TOWN	N I	13d INSIDE CITY LIMITS? YES PO	107 N. J	ulian	Street	15931
	John Wil	Liam	LAST Ba		15 MOTHER'S MAIDEN I Jane	Ann		Rowe	ST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)	66 SOCIAL SECUI 211–07–6		Mrs. Jane C	. Hoover Eb	ensbur	W. Craw	ford St
CERTIFICATION	conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT ((c) CONDITIONS <u>CON</u>	100	DEATH BUT	NOT RELATED TO THE TE	200. AUTOPSY?	20b. IF Y	SIVEN IN PART 1	INGS USED
MEDICAL CERTII	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	P.M.	. MONTH DA	19	21c. HOW INJURY OCC	YES NO Z	JURY IN ITEM 18	YES B, PART 1 OR PART 2) COUNTY	NO STATE
	220.1 certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no 226. SIGNATURE	1-2	19		d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL S	AFF		that (I) (we) lo e couses stated E SIGNED
+	224. PHYSICIAN'S NAME (TYPE O	R PRINT)		45,717	22e ADDRESS			0	
230	BURIAL, CREMATION, REMOVAL	-NAN	HVAN 1979 LI	AME OF C	Baltinge EMETERY OR CREMATOR	county 9 23d Location City or town Ebensbus	eura	COUNTY	state ennsylva

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		G Valleton		

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00280

FOR - STATE REGISTRAR REG. NO 20. DATE OF DEATH MONTH 26 HOUR NI . CONNELLY JANUARY 21, 1979 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 28, 1915 DAYS HOUR5 White Nov. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY ST. JOSEPH HOSPITAL Machinist Canning USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 1719-A Aberdeen Road 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Connelly Margaret Murphy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 21234 (IF YES, GIVE WAR OR DATES) 215-03-3662 Patricia G. Wisniewski2500Lampost 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Massive pulmonary embolism IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NOF YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211. LOCATION Le PLACE OF INJURY CITY OR TOWN COUNTY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE January 2 anuary 22a. I certify that N (this hospital) attended the deceased from January 21 79 and that in (aur) apinion death occurred on the date and hour and from the causes stated view the body alter death 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF Jan. 22, 1979 DIRECTOR PHYSICIAN M PHYSICIAN 22e ADDRESS Samuel Lee. M.D. 7620 York Road, Towson, MD 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE STATE Buria] CITY OR TOWN COUNTY Jan. 24. altimore. New Cathedral Maryland 250. DATE REC'D. BY REGISTRAR 256. RESTRAR'S STONATURE 24 FUNERAL DIRECTOR

liam E. Johnson 8521 Loch Raven Blvd

(VR A 15 (4)) 9/74

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CML CONTRACTOR The supplied area. the production of the contract a the following the transmit of the fairners

ery . "Itemen Columbia conductional Laboration of the

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician.

1 - STATE DEPARTMEN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00282

	REGISTRAR				CEKITE	ICATE OF DEATH	REG. N	0.		
1. DE	ECEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
1,	C OK PKINI }	HELEN		B.	C	OONEY	JANUARY :	24 19	70	4:13 a
3. SE	X		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	е	Aug	ust 25,1914	64	YRS	MONTHS DAYS	HOURS MIN
70 B	SIRTHPLACE (STATE OR	FOREIGN 71		WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Massachuse		U.S		WIDOWE	DIVORCED	BALT	IMORE	COUNTY	,
10. €	TOWSON	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A OSEPH HOS	ADDRESS)	DR OTHER INSTITUTION	School tead			of Business of
13g	JAL RESIDENCE (# NUI STATE laryland	13b Sount Ball	THER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS? YES NO	13e 5727449 DEW	ıglen	Court 2	21222
14. F.	ATHER'S NAME	M	DDIE	LAST		15. MOTHER'S MAIDEN NAM	ME	3331	LAS	CT
	William		E.	Boyle		Elizabeth	1		Flynn	1
160	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	No	(# 123, 0112 1	THE OR DAILS)	143-03-4	1866	Mrs. Elizab	eth Henders	son 57	23 Edge	epark R
	18 CAUSE OF DEA	TH :Enter only	one couse per	line for (a), (b), and	d (c).)					KIMATE INTERVAL
	PART I. DEATH	VAS CAUSED	BY:	iffuse in	trawa	scular coagula	ation due t	•		
	0000	IMMEDIATE				acutat chasuit	acton one i	-	4 2 30	
	228/	LOA	DUE TO OR AS A CONSEQUENCE OF BACTEREMIA due to							
	Conditions, if ony	mediate						oma tri	th	
	couse (o), stati		DUE TO, O	R AS A CONSEQUE	NCEOF	status left su monia all rela	abdulat Hyg	oma wi		
N O	PART 2. OTHER SIG	NIFICANT CO	NDITIONS CO	nsufficie	ncy w	not related to the term ith alcohol ac	ddiction.	DITION GIV	EN IN PART 1	01
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
Ĕ			33.50				YES T NO TO	IN CERTIF	YING CAUSES	S OF DEATH?
3	21a, ACCIDENT WAS UN	DERLYING	21b. TIME O	F INJURY		21c HOW INJURY OCCURE				
	OR CONTRIBUTING			M. MONTH DA						
MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e. PLACE		19	211. LOCATION				
ME	WHILE NOT V	HILE [REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT W				Danas	- JE 70		0.7	7.0	
	220.1 certify that	(this hospito	I) oftended th				, to January			
	spw the decea obove, M (we)	did) (Ad XX	view the bod	after death.		nd that in 🍽 (our) opinion (deoth occurred on the d	ote and hou	r and from the	couses stoted
	226. SIGNATURE	4 1	- XL	2000		DEGREE			22c. DATE	ESIGNED
	/ la	les C	101	tel &	· >	ATTENDING PHYSICIAN	MEDICAL STA	SIAN B	Jan.	24,19
-	220 PHYSICIAN'S N	AME (TYPE OR P	PRINT)		~	22e. ADDRESS				
	Lest	er A. V	Wall. J	r., M.D.		7620 York	Road, Towso	n, MD	21204	
230	DUDIAL CREWATION		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d, LOCATION			
	(SPECIFY) Burial	,	1-26-			ey Valley	Cockey	sville	COUNTY M	arylähd
	UNERAL DIRECTOR		_ ~ ~ ~	-/1/			E REC'D. BY REGISTRAR	_		
	eonard J.	Ruck, Ti	ac. 5305	Harrord	Rd.Ba	alto:Md.	1 2 5 1979	fire	ry //est	resoly
				,	~		W 10 4 1.71 7			

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 -	tems #21a-211&2	2a Film G52	30 B/3/7	STATE OF MARYL	AND			
	1	FOR STATE REGISTRAR		and the latest the same of the	ERTIFICATE OF		ENE 7 C	0028	3 3
(A86)		CEASED NAME FIRST	MIDDLE		LAST		2a DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
75 CY 5		ELWO	OD W.		COOPER	33.00.0	JANUARY :	28. 1979	3:15 ^{AM}
T P	3 SE	X	4 RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT		DAYS HOURS MIN
oge 4		MALE	WHITE		OCT. 2, 19	21	57	YRS.	DATS MODES MIN
7. P.		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8.	MARRIED MEVER	MARRIED 🗆	9. BALTIMORE CITY O	R COUNTY OF DEA	ATH
rer deor		ELTA, PENNA.	USA			NORCED		DRE COUN	
s of	To		11. NAME OF HOSPIT (IF NOT IN SUCH FACILITY ATER BAL 1	I MORE	MEDICAL	CENTER	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O MANAGER	F WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY
be be	USU 130	AL RESIDENCE (IF NURSING NOME OF	OTHER INSTITUTION, GIVE RES	SIDENCE BEFORE ADM	MISSION) 13d. INSIDE (ITY HAITS?	13e. STREET ADDRESS		
filled nould b	M	1		ARKTON	YES 🗌	NO 🛣	EVNA ROAD		
within within	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER	S MAIDEN NAM	MIDDLE .		LAST
and and and	4	CURVIN L.	COOPER			ROSA	M. BAR	RETT	ray.
n ond co		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	OCIAL SECURIT			ADDRE		
B Book		YES WW	2 218	8-16-51	29 IRENE	COOPER,	, BOX 246,		PARKTON, MD APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ned by the ottending by the ottending of please remove cortourial, cremation, or y, or other troumating.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENC	M.T TRAU	MA	rt Failure		ART 1(a)
low requi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OP	ERATION WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
o en en en	Ē						YES NO	YES [AUSES OF DEATH?
certificate certol transfer of the state of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER			YEAR 19	JURY OCCURRE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART I OR PA	ART 2)
ter this of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC		, ETC.) 21f. LOCATI	ON	CITY OR TOW	/N COUN	NTY STATE
L DIRECTOR: At toched for use of Dept. of Heolt.		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	1-28	19.79	DEGREE	ATTENDING	, to 1-28 eoth occurred on the do	ote and hour and fro	79_, that (I) (we) lost om the couses stated DATE SIGNED 1/28/79
FUNERAL build be defined by the State	+	22d. PHYSICIAN'S NAME (TYPE C	P PRINT)		22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC		
retoined by the TO FUNERAL should be detined with the State (MPORTANT:		HASSAN FA	ARID, M.D			BALTI	N. CHARLE MORE, MAR		21204
	230.	BURIAL, CREMATION, REMOVAL			AE OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 5	BURIAL UNERAL DIRECTOR	JAN.31.19	79 SL	ATEVILLE	IS- DATE	DELTA REC'D. BY REGISTRAR	YORK	PENNA.
AH - 16 50M 7/77 (VR A 15 (4))	1	JOHN H. HARKTNS	600 MATN	ADDRESS ST. DI	ELTA PENN	1/1		hite.	Sall.

LANUARY 28, 1979 3:15 PM

91/82/1- X

6701 N. CHARLES STREET

BALTIMORE, MARYLAND 21204

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CORDIN PULL ONNEY ARREST

T.H.

SHOAST

MINIOUS SANTE AND SANTE COUNTY

TOWSON GREATER BALTIMORE MEDICAL CONTER IN SELECTION

ELMOOD NEEDS

HASSAM FARID, M.D.

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UNISION OF VITAL NECONDS, 201 W. FRESTON ST., BALLIMORE, MANIETAN ELLON	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR - STATE

1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00284

				T-10-	LAST				REG. NO				
1. DEC	CEASED NAME	FIRST	MID	DDLE	LASI			20 DATE OF	DEATH	MONTH	DAY YEAR	26	HOUR
11112	Sister	Mary	Col	lette	Co	rdob	a		Ü	Tan	10 197	9	11:151
3. SEX	X	l)	RACE		5. DATE OF			6. AGE (IN YE	EARS LAST BIRT	HDAY)	IF UNDER 1 YE		UNDER 24 HI
	1-cmale	9	Black	<	Dec	I G	1884	4	74	YRS	MONTHS DA	YS H	OURS MI
	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF WI	HAT COUNTRY?	8 MAADDIED	NEVER A	AARRIED 🕱	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH		
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10 CI	Relau	ATH 1	1. NAME OF HO DE LIFTON IN SUCH F	SPITAL, NURSI	T ADDRESS)	OTHER INST		TYPE OF WORL					USINES
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14. FA	SAL VA	dor	Molina	LAST CO	rd oba		MAIDEN NAM	۸E	MIDDLE		M	LAST	cele
lée V	VAS DECEASED EVE	R IN U.S. ARM		66 SOCIAL SEC	URITY NO. 1	7 INFORMA	NT		ADDRE	SS			
	No	(# 165, 6116)	- DATES	220-56.	-0897	a	SHYEN	17	RE	coru	13		
	18 CAUSE OF DEA	TH (Enter anly	ane couse per lir	ne for (a) Alby, ar	nd (c)						APPI BETWE	OXIMAT EN ONS	E INTERVAL
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F. H. -1129 N. CArolINE

BP DHMH - 16 50M 1/76 (VR A 15 (4)

director

completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-00285

1979

REGISTRAR				CERTIF	ICATE OF D	EAIR		REG. NO	0.	0	
DECEASED NAME	FIRST		NIDDLE	Ĺ	AST		2a. DATE OF	DEATH	MONTH DA	YEAR	2h HOUR
TYPE OR PRINT	FLENN	V		CO	VER		JAN.	3,	1979		5:00 A
. SEX		4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRT		F UNDER I YEAR	
MALE		CAU.		MONTH 03		26	Contract	52	YRS.	ONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OF COUNTRY)	FOREIGN		WHAT COUNTRY?	MARRIEI	D X NEVERA	ARRIED	9. BALTIMO	_	R COUNTY OF		V
MARYLAND			5.A.	WIDOWE		ORCED					
EDGEMERR	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A LINCOLN	ADDRESS]		ITUTION			ON F WORKING LIFE)	INDUSTRY	OF BUSINESS O
JSUAL RESIDENCE (IF NO 30, STATE							1			III.OEL	
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FATHER'S NAME		MIDDLE	LAST			MAIDEN NA	ME				
JAMES		MIDDLE	COVER	SR.		RACE		MIDDLE			STEEL
(YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		NAOMI	COVER,	2113	LINC	ss OLN AV		BALTO. 219 1
Conditions, if or gove rise to it couse (a), sta underlying cou	mmediate ting the se lost	CONDITIONS <u>CC</u>	AS'A CONSEQUE CHRO AS'A CONSEQUE DIVINISH TO DE TION FOR WHICH	DEATH BUT	NOT RELATED	TO THE TERM	Jaille Enotice AINAL DISEASE	ORCON	20b. IF YES,	WERE FINDS	
				4.00			YES 🗍	NO	YES		NO 🗌
21a. ACCIDENT WAS U OR CONTRIBUTING (IFEITHER, NOTIFY MED 21d INJURY OCCU	CAUSE OF DEA		M. MONTH DA	YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18, PAR	RT I OR PART 2)	
	WHILE O	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATIO	N		CITY OR TOW	'n	COUNTY	STATE
220.1 certify that saw the dece			deceased from		nd that in (my)	_, 19	death accurre	d on the de			that (I) (we) I
above, (1) (we)	(did) (did na	t) view the body	alter death			(00.7 00017	000111 00001101	a on me at	71C 011G 11001		
22h SIGNATURE	el K	- Fine	gan	M.	DEGREE	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI		Isu.	3 1976
224. PHYSICIAN'S	NAME (TYPE OF	R PRINT)	1		22e ADDRES					7	-
MICH	AEL K	FINE	AN		7600	OSLER	DR.				
a. BURIAL, CREMATION	N, REMOVAL	1236 DATE	23c. N	NAME OF C	EMETERY OR C	REMATORY	23d. LOCA	TION		-	
(SPECIEY)	RIAL	1-5-79			IDGE CH		HOW	ARD C	0., MD	OUNTY	STATE
FUNERAL DIRECTOR					03000	25a. DAT	E REC'D. BY R	EGISTRAR	25b. REGISTR	AR'S SIGNA	TURE:

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

TO HOSPITAL OR ATTENDING

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN ANTH DAY Zb. HOUR ESTIcui NMN DEATH MATED 1974 A.M DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 24 HOUR DAY YEAR LAST BIRTHDAY PRONOUNCED 08 DEAD 1974 7 DYRS FOR YOUNTHIN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE GITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET AD FOR MOST OF WORKING LIFE! 2, AND 3 TO 3. RETAIN PA SHOULD BE F USUAL RESIDENCE GIVE RESIDENCE BEFORE ADMISSION (IF IN NURSING HOME OR OTHER INS 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 21201 05 OF-VITAL 14. FATHER'S NAM 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FORM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? JNFORMANI 16b. SOCIAL SECURITY NO ADDRESS HEYES, GIVE WAR OR DATES our 220.30.126 mush nel 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 AT CERTIFICATION OF HEA 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURJAL, E 3 SHOULD BE LE E DEPARTMENT OF PRIOR TO BURIAL YES NO 2 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (ATHOME 21d, INJURY OCCURRED 21f. LOCATION WARDED STREET, FACTORY, FARM, ETC. WHILE/ STREET CITY OR TOWN NOT WHILE COUNTY STATE AT WORK TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S'
BALTMORE, MARVIAND, 21 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram? atural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIF ACTUAL SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Baltimore Burial Fork Meth. Ch. Cem. Fork Md. BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 7401 Lassahn Funeral Belair Road Home 15M 7/77

FOR 79-00288 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OF PRINT av gave JANUARY 2. 1979 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1/893 Female White 85 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY Virginia USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TORK TOP TO " ORKING LIFE) Dry Goods JOSEPH HOSPITAL TOWSON Seamstress DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. CITY OR TOWN 2418 Chetwood Cr. Apt. 203 Timonium 13d. INSIDE CITY LIMITS? Md. 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST Judson Palmer Palmer John Susanna croft Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Mildred L. Hetterich, 2323 Har-No 225-14-6322(A) CAUSE OF DEATH (Enter only one cause per line for (1), (b), and PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Нув 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) This hospital) attended the deceased from our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANT: 22e. ADDRESS ld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23h. DATE Baltimore COUNTY Maryland 15/78 Meadowridge Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 owell Lemmon, 10 W. Padonia Rd. (VR A 15 (4))

79-00288 = 10 ALERO BOTTHESE Table w 1 - prist Server and the control of the contro the fact of the state of . The sales are the sales and the sales are

completely filled in by the funeral direct of and 2 should be filed within 72 hours

signed by the attending physician herrplease remove carbon papers.

executed within 24 hours

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-00280

Ι'	REGISTRAR				CERTII	ICATE OF DEATH	REG. NO.				
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3 S	Female		White		Dec 2		6. AGE (IN YEARS LAST BIRTHO)	YRS.	ONTHS DAYS	IF UNDER	24 H
1	BIRTHPLACE (STATE (COUNTRY) Italy		U.S.A		MARRIE		BALTIMORE CITY OR C				
	COWSON	DEATH				OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife		17b. KIND C INDUSTRY	F BUSINE	SS
13a	UAL RESIDENCE (IF) STATE Maryland	NURSING HOME OR C		GIVE RESIDENCE BEFOR 136. CITY OR TOV Baltimo:	VN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 6804 Queen	s Fer	rry Rd		
	Angelo	D' Aı	ngelo	D.XAMMEX.X		15 MOTHER'S MAIDEN NA/ FIRST ?	WIDDIE		ranco	iΤ	
	WAS DECEASED EN IYES, NO OR UNKNOWN		MED FORCES? WAR OR DATES)	218-01-		Mrs Angelo D	Anna 1622 L			21234	
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	canditions, if a gave rise to couse (a), st underlying ca	immediate ating the	(b)_	R AS A CONSEOU		ase			1900	M	
NOI	gave rise to couse (a), st underlying co	immediate ating the iuse lost	(b)	r as a conseou	PENCE OF	ASC NOT RELATED TO THE TERM	inal disease or condit	TION GIVE	M IN PART I	01	
TIFICATION	gave rise to couse (a), st underlying co	immediate ating the suse lost	DUE TO, O	IR AS A CONSEOU	DEATH BUT	ASC NOT RELATED TO THE TERM	20s AUTOPSY? 2	Ob. IF YES,	WERE FINDING CAUSES	VGS USED	H?
CAL CERTIFICATION	gave rise to couse (a), st underlying co	immediate ading the suse lost	DUE TO, O (c) DONDITIONS COND 196. COND 716. TIME COND H OUR A.	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	Ob. IF YES, IN CERTIFY YES	WERE FINDII	NGS USED	H?
MEDICAL CERTIFICATION	PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [1F EITHER NOTY OCC WHILE NOTY OCC	immediate ating the suse lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT EDICAL EXAMINER)	DUE TO, O (c) DODITIONS CO 196. COND 216. TIME C HOUR A. P. 216. PLACE	ONTRIBUTING TO	DEATH BUT H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, IN CERTIFY YES	WERE FINDII	NGS USEE OF DEAT	H?
7	gave rise to couse (a), st underlying car PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY AT WORK AT WO	immediate of ing the lost lost lost lost lost lost lost lost	DUE TO, O (c) 196. COND 196. COND 216. TIME C HOUR A. P. 216. PLACE (AT HOME, STI	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE,	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211 LOCATION STREET 19 79 nd that in (Ay) (aur) apinion of	200 AUTOPSY? 7 YES NO X	POB. IF YES, IN CERTIFY YES IN ITEM 18, PAR	WERE FINDING CAUSES THE TORPART 2) COUNTY	NGS USEC OF DEAT NO	ATE
7	PART 2. OTHER S 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY M 21d. INJURY OCC WHILE AT WORK 22a.1 certify that saw thy dec above At (w. 22b. SIGNATURE	immediate of the puse lost lost lost lost lost lost lost lost	DUE TO, O (c) DONDITIONS CO 196. COND 196. COND 216. PLACE (AT HOME, ST) View the body Bous Bo	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, offeedeceosed from 19 offer death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURS 21l LOCATION STREET 19 79 nd that in (Ay) (aur) apinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 7 YES NO X	POB. IF YES, N CERTIFY YES YES N TIEM 18, PAR	WERE FINDING CAUSES THE TORPART 2) COUNTY	NGS USET OF DEAT NO	ATE
7	gave rise to couse (a), st underlying car PART 2. OTHER S 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY M 21d. IN JURY OCC WHILE ACT WHORK AT WORK AT	immediate of the puse lost lost lost lost lost lost lost lost	DUE TO, O (c) DUE TO, O (c) 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21c. PLACE (AT HOME, ST View the body Bruss PRINT]	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, offeedeceosed from 19 offer death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 222 ADDRESS	200 AUTOPSY? YES NO X IED JENTER NATURE OF INJURY IN CITY OR TOWN To Jan 13 death accurred on the date	YOU IF YES, IN CERTIFY YES IN TEM 18, PAR TEM 18, PAR	WERE FINDING CAUSES TO TORPART 2) COUNTY 9.79 ond from the 272. DATE	NGS USET OF DEAT NO	ATE

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Their please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician.

	be 3 ge 3		(TITE OR PRINT)	MARY		Α.	DA	ILEY			01	27	79	955 F
	0		3. SEX		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDE		IF UNDER
	1		FEMALE		WHI	TE	01	12	YEAR 88	91	YRS.	MONTHS	DAYS	HOURS
	Po B	2	M. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE F	□ NEVER	MARRIED A	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
	To you	55	MARYLAN	D	U.	S.A.	WIDOWE	D DI	VORCED	BALTIMOR	E COU	NTY		
	her d	25	O CITY OR TOWN	F DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCUPAT			KIND OF	F BUSINE
-0	by tilled	10	CATONSVI	LLE		T NURSING				CLERK				R.S.
212	hau di hau		USUAL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS	ES.A			
AND	fille raulo	2	MARYLAND			BALTIMO		YES X	NO 🗌	364 OAKL		LLAG	E, 2	1229
RYL	withii etely d 2 sh	200	4. FATHER'S NAME		WIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE			LAS	
MA	bang ampl	00	PATR	ICK		DAI	LEY		ANNIE		35	400	CAS	EY
ORE,	xecund co	1	60 WAS DECEASED		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA		ADDR				
TIMO	S. Po	4	NO	15 17		212-46-4	ŧ303	A. DE	LORES M	cCARTHY, 3	54 OA			
BAL	ysicin pper wal.		18 CAUSE OF	DEATH (Enter a	nly ane cause per	r line far (a), (b), Art	d (c).)		7	B +		8	APPROXIA	MATE IN HER
ST.,	g ph anp		TARTI. DE		TE CAUSE (0)	1-	new	more	ws-	Carres	27		14	av
o N	oth condin corb natio		429	2	DUE TO, O	R AS A CONSEQUE	HCE OF	141	/A	CILIA	an		50	Live
PRESTON	atte		Canditians, il		(b)_	may	facti	24	(V	100	7144	e:/ -		100
× .	y the	2.	cause (a), underlying		DUE TO, O	R AS A CONSEQUE	NCE OF				-	7		
201	s the ed b oleas oleas or o				(c)	0.170101171107070	DE AVILLALIT	NOT BELLYES	TO THE TERM	MALLA BIOGRAPH OR COL	ID IT IO I I O	0.501.001.5		
	sign sign hen ta bu			SIGNIFICANI	CONDITIONS C	ON IRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN F	AKI 110	1
RECORDS	w re-	_	NO DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?		ES, WERE		
LRE	has per per ene p	1	E I							YES TI NOTE		TIFYING O	AUSES	OF DEAT
/ITA	vsicio vsicio cate onsit dygii	0	210. ACCIDENT W	AS UNDERLYING	216. TIME C			71c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 11	B, PART 1 OR	PART 2)	
OF	Clar g ph ertifu ial-tr ntall	7	OR CONTRIBUTION	G CAUSE OF DE	AIR	M. MONTH D	YEAR 19	PLE U						
O	HYS nding his c bur d Me		(IF EITHER, NOTIFY OF	CCURRED		OF INJURY REET, FACTORY, OFFICE, E	A DAY EYE)	211 LOCATION	ON	CHYORTO	IWN	COU	INTY	ST
DIVISION OF VIT	affer the street of the street		WHILE AT WORK	NOT WHILE	(Al HOME, 31	REET, PACTORY, OFFICE, E	Jakm, EIC.)			1 -				31
۵	ADIN Por Jor No Por Jo	-	22a.1 certify th	not (I) (this hasp	ital) attended th	e deceased from_		July	, 19 70			. 19		that (I) (t
	ATTER Spite CTOI for of H			eceased alive as	of) view the body	after death.	, ah	d that in (my)	opinian	death occurred an the o	late and h	our and fi	am the	causes sta
	OR A bolk ched ched ther		22b. SIGNATUI	RE	12	6		DEGREE	ATTENIENIO	4.15DIG.11		22	c. DATE	SIGNED
	y the y the kat I deta deta				larell	Pass Me	l			MEDICAL STA	CIAN		1/2	-9/7
	OSPII ed by UNER d be he St	1	22d. PHYSICIAN	N'S NAME (TYPE	OR PRINT)			22e ADDRES	SS					1
	APO FI	1	I. EA	RL PASS	M.D.					S AVENUE, B.	ALTIM	ORE,	MAR	YLAN
	7 2 2 3		22. BUIDIAL CDEALA	TIONI DEMOVAL	1224 DATE	72. 1	LAME OF C	SAAETERY OR	CDEMATORY	1224 LOCATION				

MIDDLE

FOR

I. DECEASED NAME

REGISTRAR

- STATE

OAKLEE VILLAGE DITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [RY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (1) (was) last ate and hour and from the causes stated 22c. DATE SIGNED CIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4001 WILKENS AVENUE, BALTIMORE, MARYLAND _EARL PASS. M.D. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY MARYLAND NEW CATHEDRAL BALTIMORE CITY BURIAL 01-31-79 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21229 HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

79-00290

2b. HOUR 055

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

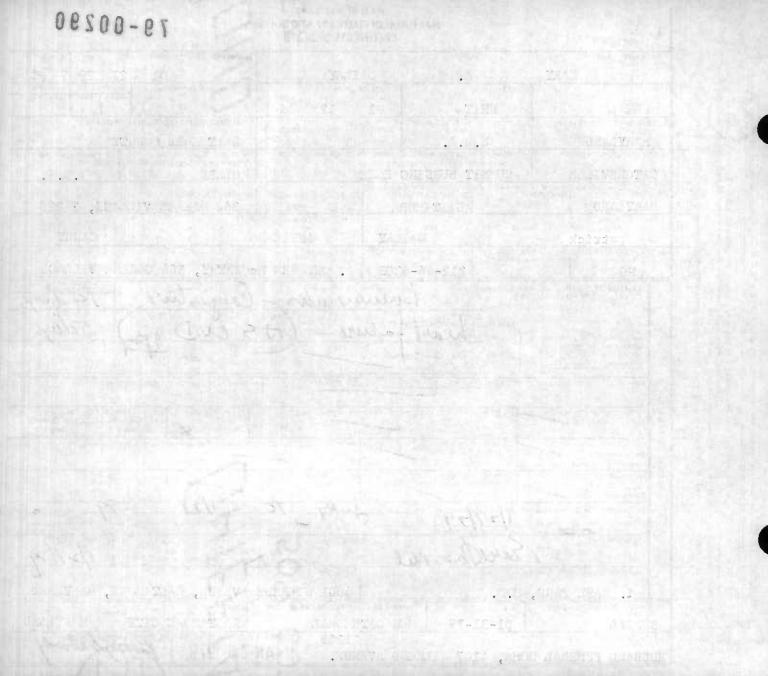
MIN.

REG. NO

MONTH

20. DATE OF DEATH

DHMH-16 50M 7/77 (VR A 15 (4))



1	1	FOR		STATE OF MARYL					
. *	1.	STATE REGISTRAR	DEPARIA	CERTIFICATE OF E		79-0	029		
		CEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR 26 H	IOUR
may be page 3	(TYPE	JANG	T ELLEN	DALSHEIM	NER		1-2	2-79/1	.00 M
ge 4 ma scfar, po	3. SE	× F EMALE	4 RACE WHITE	5 DATE OF BIRTH MONTH DAY 3	YEAR 7	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UN	RS MIN
Poor directions	70. B	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A		BALTIMORE CITY O	R COUNTY O		MD.
rs ofter death. by the funeral file within 72 northed of one	B	ALTIMURCE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH SACILITY, GIVE STREET,	G HOME OR OTHER INST	TITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE	126 KIND OF BUS	SINESS OR
shauld be in shauld be in shauld be in shauld be in the s	130 5	MA 136 COUN	TIMURE BALTIMO	RE 13d INSIDE C	NO D	3 51 7 RAP		#21208 OA/CS	es
ed within	14 FA	CHORGE HX	DALSHEIM	SAA	S MAIDEN NAM FIRST	E MIDDLE	K	LIVA	NS
n and ce Pages 1	()	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU			ADDRE HEIMER 3517		N OAKS RI	0. 212
g physicial g physicial an papers: remaval.		PART I. DEATH WAS CAUSE	lly one couse per line for (a), (b), and D BY: TE CAUSE (a)	Ich	PAILU	PEE		APPROXIMATE IN BETWEEN ONSET	AND DEATH
e death ce attending mave carb nation, ar r traumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	CALDI	omjo	PATHY		29	25
ss that the ed by the please rem orial, cremo		underlying cause last	DUE TO, OR AS A CONSEQUE						
equire Then to bu	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	BUT NOT RELATED	TO THE TERMIN	nal disease or cont	OITION GIVEN	IN PART 1(a	
The law reiscian. It has been not permit. Giene prior shaws any i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDINGS UNG CAUSES OF DE	ISED EATH?
HYSICIAN: The diding physiciar bis certificate burial-transit for mental Hygier ar Item 18 shays		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	10.5
ING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATIO STREET	ON TO	CITY OR TOW	×	COUNTY	STATE
spital a			tal) attended the deceased from 19	9, and that in (my)	19 8	eath accurred on the da	19		l) (we) lost s stated
TAL OR A y the has RAL DIRECTED detached detached to the Dept.		27b. SIGNATORE	mokiaa		ATTENDING PHYSICIAN []	MEDICAL STAF	F IAN []	220 DAYE SIGN	79
TO HOSPITAL stained by the TO FUNERAL should be detromined to be much the State with the State		22d. PHYSICIAN'S NAME DEO	KIDD MD.	27e. ADDRES	follsid	e Rd B'	more	21210)
BP	(:	(010	ION 1/22/79 I	AME OF CEMETERY OR COUDON PARK	CREMATORY	23d. LOCATION CITY BALT IM	ORE -	DUNTY MARYL	AND
HMH - 16 60M 7/73 (VR A 15 (4))	24. FL	INERAL DIRECTOR 6010	REISTERSTON RO	AD	JAN 3	REC'D. BY REGISTRAR	Sb. REGISTRA	RS SIGNATURE	

79-00291 PARTY AND RESIDENCE MALE TOWN THE STATE OF THE PARTY OF THE P - 100 mm -MA 4 CHEMPTON MIN AND AND And the second of the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	PART DESCRIPTION OF THE PART O	TAC BUTCHAN DESCRIPTION OF THE PROPERTY OF THE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Hem 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examiner must be

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Grey McCresdy

	1.	FOR - STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE REG. N	79-	002	93
	I. DE (TYPE	CEASED NAME FIRST Charles		MIDDLE	Darl	by Sr.	January 19	1979	AY YEAR	26 HOUR M
	3 SE	Male	4 RACE Whit		S. DATE O	DAY YEAR	6. AGE TIN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
31	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S		WIDOW		9. BALTIMORE CITY C Baltimore	Count		MD.
OC	F	ort Howard	7845 3	enton Ave	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Bricklay	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
35	USU 13g	AL RESIDENCE (IF NURSING HOME STATE aryland 135 CO Ba	or other institution. JNTY . timore	GIVE RESIDENCE BEFORE 13 CITY OR LOW FOR HOY	ADMISSION) Nard	13d. INSIDE CITY LIMITS? YES NOW	13e STREET ADDRESS 7845 Ben t	on Ave	0	
120		THER'S NAME FRANK	MIDDLE	Darl	9	Is mother's maiden name of the second	MIDDLE	(Grippe	ı M
1	160 \	VAS DECEASED EVER IN U.S., YES, NOOR UNKNOWN) (IF YES, G	ARMED FORCES?	217-07-1		Mrs. Anna Dar	by 7845 Ber		ve.	
	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	+	MATE INTERVAL WISET AND DEATH Y ST ST ST ST ST ST ST ST ST
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
9		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		220.1 certify that (II this has sow the deceased of above (II) we) (did) did				nd that in my our) opinion o	deoth occurred on the d	ste ond hour	9, and from the	that we lost couses stated
		Bernond	Verlow	a mD		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN 🗆	22c DATE	9-74
1		22d. PHYSICIAN'S NAME (TYPE) BERNARD J		M.D	A.B.	22e. ADDRESS F. P. 404 BO	WLEYS OUA	RTERS	ROAD	
	23o. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial		23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	24 FI	UNERAL DIRECTOR Duda-Ruck Inc.		se Ave. D	undal	k, Md 21222	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	Cready

COLUMN DE LA CALLACTURA NA	.48		K- III	(rail)
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7 '(5 Benton Ave		Thrown one	- caumăi î	der benige
Secretary (Company)	71001	1.90		a slawer
de 7845 Beaton Aye.	indi ena" .c	H 5011-75-71		
	1 04 DO		ALC.	QRAMAR H

may be MPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examiner/must be natified at DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co-should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law attending physician retained by the haspital ar

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00295

VI		REGISTRAN							REG.	NO.			
	TYPE	CEASED NAME OR PRINT)	WILL		J		DAUSES		ZO DATE OF DEATH	1/3/	DAY YEAR	2b. HG	10A M
	3 SEX	x	A	4 RACE		5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST E	ERTHOAY)	MONTHS DA		DER 24 HRS
		Male		Whi	te	Dec	22,1910	TEAR	68	YRS.		S HOUR	S MIN
5	7a. BH	RTHPLACE (STATE OR FO DUNTRY) Maryland	OREIGN	76 CITIZEN OF	what country A .	Y? 8 MARRIE WIDOWE	D NEVER MAR	RIED L	Baltimore City Baltimore	_			MD.
10	T	TY OR TOWN OF DEA		GBMC, 6	TOT N.	Charles	St. 212	04	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Printer	T OF WORKING		O OF BUSI	NESS OR
5	13a S	AL RESIDENCE IF NURS STATE Aryland	1136 COUR	timore	GIVE RESIDENCE BEF 1130 CITY OR TO Parkvi	NWN		N.	1811 Ber	rywood	l Rd		
20	14. FA	THER'S NAME Frank		WIDDLE	Dauses		15. MOTHER'S MA FIRST Mam		MIDDLE		?	LAST	
	16a W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE		17. INFORMANT		ADD	RESS			
	Yes	Korean			216-09-	7334	Mr Will	liam B	Dauses	7903 W	Vestmor	elane	
9	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA	mediate ng the lost	DUE TO, O		DUENCE OF UNG	NOT RELATED TO		NAL DISEASE OR CO	20b. 1F YI	ES, WERE FIN FIFYING CAUS	DINGS U	ATH?
7	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOT W	CAUSE OF DE	ATH HOUR A. P. 216 PLACE	M. MONTH M.	19	21f. LOCATION STREET	RY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18			STATE
		22a. I certify that (I) sow the decess obove, (I) (we) (c 22b. SIGNATURE	(this hosp ed alive an did (did no	1/3/7 view the body		, 01	nd that in (my) (<u>au</u> DEGREE ATTE PHY	r) opinion d		AFF		,	
1		POL L		RPRINT)	20	is	22e ADDRESS GBMC	5701 N	. Charles	Stree	t 2120	4	
	23c. E	BURIAL, CREMATION,	REMOVAL				EMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY		STATE
		Burial		1/6/7	79	Morel	and Mem.		Baltimo				
		UNERAL DIRECTOR			ADORESS		50-127		REC'D. BY REGISTRA	R 25b. R 6 6	STRAR'S SICH	ATURE	2.
	L	eonard J I	Ruck	Inc. Bal	timore.	Maryl	and	IJAN	4 1979	land!	4111	VIA.	7

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		The National Control	

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ine must be notified of once.

with me order copy.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The

etoined by the hospital

BP.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00296

-1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N			
Ì		CEASED NAME	FIRST	,	AIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
-1	(TYPE	OR PRINT) Dr	. Fre	derick	K.	D	avey	Janu	ary 2	9, 1979	M
1	3 SEX	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		XMXKX	Male	White		Augu	st 4, 1921 A	57	YRS	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D EXNEVER MARRIED	9 BALTIMORE CITY O	_		
>4	1	Ohio		U. S	S. A.	WIDOWE		Baltimor	e Cou	nty	MD
8	T	TY OR TOWN OF DEA L'OWSON		(IF NOT IN SUC	Joseph	Hospi	tal	(TYPE OF WORK FOR MOST O Engineer			losophy
		AL RESIDENCE (IF NURS STATE Cyland	13b COUI Bal	other institution. VIY. timore	GIVE RESIDENCE BEFORE 13c CITY OF TOW Luther	ville	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 211 Char	muth	Road	
2	14 FA	Stewart		MIDDLE H.	LAST Dav	-	15 MOTHER'S MAIDEN NAI FIRST Lucie	MIDDLE		LAS	Knowles
	(Y	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		WAR OR DATES)	166 SOCIAL SECU 144-18-4		Helen C. Da	vey, Same a			
ı		18 CAUSE OF DEAT			line far (a), (b), an	d (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
1	71	PART I. DEATH W		TE CAUSE (a)	MYO	ARD	IAL INFAR	CITON		SEC	0005
		Canditions, if any,		DUE TO, O	R AS A CONSEQUE	NAP	Y HUART	DISENSE		Y	enns
		underlying cause	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MALA DISEASE OD COM	DITION C	IVEN IN DART 1	
	NO	TAKI Z OTTEK SIOI	VIII ICAIVI	CONDITIONS CO	JATRIBOTINO TO I	JEAN BOT	-	AINAE DISEASE ON CON	511101101	TYEIN IIN PART II	
7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDITION IFYING CAUSES	
7		21a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	NI I	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	Y IN ITEM 18.	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE 🗀	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
		22a. I certify that (1) saw the decease above, (1) (well-	ed alive ar	. /	3 19 1	79	nd that in (my) (34) apinian	, tadeath accurred an the d	24 ate and ha	. 19 79 . our and fram the	that (1) (we) last causes stated
		22b. SIGNATURE	elp 2	Som	will	an	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	30/79
		22d. PHYSICIAN'S NA Donald			le M. D.		26 W. Penn	sylvania Av	e. To	owson, M	d.
	23a. B	Burial, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 2-2-79	1200		EMETERY OR CREMATORY Brook Cemetery	23d. LOCATION CITY OR TOWN Bound E	rooki	X , New	Jeršey
		UNERAL DIRECTOR NAME CK TOWSON	Fune	al Home	ADDRESS TO	owson	250	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

79-00297 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME AAIDDIE 2n DATE OF DEATH 26 HOUR TYPE OR PRINTS Baby Girl DAVIS 28 79 12:43A 1 4 RACE IF LINDER 1 YEAR 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS MONTH 79AR HOURS Female. Black. 18 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X WIDOWED DIVORCED [Baltimore County IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greater Baltimore Medical Center 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 CITY OR TOWN 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1815 E. Biddle St. 21213 MD Balto. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Rita Sonia Davis 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Rita Davis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pulmonary consolidation DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which b) Prematurity gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 In DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? YES TY NO F burial-transit p 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK Jan. 18 Jan. 28 220.1 certify that (1) (this haspital) attended the deceased fram_ Jan. 28 saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. Dept. 226. SIGNATURE DEGREE 22¢ DATE SIGNED = STAFF ATTENDING MEDICAL ild be deta the State I 1/29/79 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS shou. 6701 N. Charles St. Towson, Md. 21204 Charles C. Brown, M.D. 23a, BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Removal to GBMC C R M C DHMH - 16 50M 1/76 ADDRESS

(VR A 15 (4))

STATE OF MARYLAND 79-00298 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Telma IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3 SEX MONTH VF AR MONTHS DAYS White Female Sept. 3/ 1908 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore County Romania USA WIDOWED 61* DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Pikesville Nursing Home How sewife Pikeswille, Md At Home MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Md. Baltimore 5911 Winner Avenue 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE pup Unknown Heimovitz Minnie Ilnknown ADDRESS 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21215 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 120-28- 1097 Mrs. Arlene Epstein- 5911 Winner Avenue CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 W. PRESTON ST Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ā à IN CERTIFYING CAUSES OF DEATH? NO 18 sho 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from TUP 19 70 saw the deceased plive an and that in 🚧 (our) opinion death accurred on the date and hour and from the causes stated above, (1) (value (did not) view the bady after death 22c. DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN uld be deta MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME LTYPE OF PRINT 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL COUNTY STATE Removal - Burial Jan 29/79 BURELISTBAR LIDALE ISTA APS SHOW AT VERY 24 FLINERAL DIRECTOR DHMH - 16 50M 1/76 Sol. Levinson & Bros. 6010 Reisterstwon Rd (VR A 15 (4))

10

Lemmon.

Padonia Rd.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (41)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

HOURS

12b. KIND OF BUSINESS OR

English

Education

Taylor

APPROXIMATE INTERVAL

INDUSTRY

COUNTY

22c, DATE SIGNED

STATE

UNDER 24 HRS

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		St. Valley					

within 24 hours ofter

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physicio

DHMH-16 50M 7/77 (VR A 15 (4))

	STATE OF MARYL
FOR	DEDADTMENT OF UCALTU AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00300

8		REGISTRAR				CEKIII	FICATE OF DEATH	REG. N	8.	300	
		CEASED NAME	FIRST		IOOLE		LAST	20 DATE OF DEATH			2b. HOUR
			John		F.	Det	orie	January 2	0, 197	9	12:00
	3. SE	х	4.	RACE		5. DATE (6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	#F UNDER 2
		Male		White		12	12 1921	57	YRS	ONTHS DAYS	HOURS
	Ja. Bi	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF W	VHAT COUNTR	Y? 8.	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY		-
50		Maryla	nd	USA		WIDOWI		Baltimor	e Coun	ty	
1	10 C	ITY OR TOWN OF DE		1. NAME OF H	OSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES
28	7	Towson		St. J	oseph s	Hospi	tal .	Roofing Co			lf em
10	USU.	AL RESIDENCE (IF NU	IRSING HOME OF O	THER INSTITUTION, O	GIVE RESIDENCE BE		113d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
25	130.	Md	138 COUNT		Baltim		YES NO		lood He	ichte	Arreni
5.	14 FA	ATHER'S NAME				OI C	15. MOTHER'S MAIDEN NA	ME	TOOL THE	-	
7.0		Ni cho		Detorie	Sr.		Theresa	MIOOLE		LA	ST
A		WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS		
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	/AR OR DATES)	212-11	-9767	Florence E.	Determin 1	1.20 Wa	ad Had	-ht-a
	-	18 CAUSE OF DEA					Protetice E	nemorate 1	HZU WO	APPROX	MATE INTERV
		PART I. DEATH	WAS CAUSED	8Y.	CHRI	mic	RENAL	FAILURE		BEIWEEN	CAR
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					AS A CONSEC					V	e 40
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		Conditions, if an	mmediote	101	ARCI		OF BECTO	m		2	MAL
		gove rise to in couse (a), stat underlying cou	mmediate ting the ise last	DUE TO, OR	AS A CONSEC ACRI	NUM!	4 OF BLA	DPFR		7	EAR
2	FICATION	gove rise to in couse (a), stat underlying cou	mmediate ting the ise last	DUE TO, OR	AS A CONSEC PAC RI	OUENCE OF NO MO		NINAL DISEASE OR CON	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED S OF DEATH
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2	L CERTIFICATION	gove rise to in couse (a), state underlying cou	mmediate ting the use last GNIFICANT CO	DUE TO, OR (c) ONDITIONS CO 196. CONDIT	AS A CONSEC PAC PI NTRIBUTING T	OUENCE OF NO MO TO DEATH BUT	A OF BLA	NINAL DISEASE OR CON 200. AUTOPSY? YES \(\text{ NO} \(\text{ NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH
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29		gove rise to in couse (a), statunderlying could part 2. Other Side 19a Date of Oper 21a. Accident was under contributing [[IF EITHER, NOTIFY MED 21d. INJURY OCCU	mmediate thing the see last GNIFICANT CO WATION WAT	DUE TO, OR (c) DIVITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C	AS A CONSECUTE RY	OUENCE OF NO MONOTO DEATH BUT	A OF BLA. I NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200. AUTOPSY? YES \(\text{ NO} \(\text{ NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH
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29		gove rise to in couse (a), statumentlying could part 2. OTHER SIGN 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (FEITHER, NOTIFY MED 21d. INJURY OCCU WHILE AT WORK AT V 22a. I certify that (sow the deceapone). (1)	mmediate tring the see last GNIFICANT CO PATION INDERLYING [] CAUSE OF DEATH DICAL EXAMINER) IRRED WHITE [] WHITE [] WHITE [] OTHER []	DUE TO, OR (c) DONDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.N. 21b. PLACE O (AT HOME, STRE	AS A CONSECUTOR OF THE PROPERTY OF THE PROPERT	DUENCE OF NO POLICE OPERATION DAY YEAR 19 CE, FARM, ETC.)	I NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET nd that in (my) (**	200. AUTOPSY? YES NOTER NATURE OF INJURED.	20b. IF YES, IN CERTIFY YES YES	WERE FINDI ING CAUSE: TI 1 OR PART 2)	NGS USED S OF DEATH NO STA
29		gove rise to in couse (a), statunderlying could have been counterlying and part of open counterlying account was underlying account in the counterly made and counterly made counterly made and counterly m	mmediate tring the see last GNIFICANT CO PATION INDERLYING [] CAUSE OF DEATH DICAL EXAMINER) IRRED WHITE [] WHITE [] WHITE [] OTHER []	DUE TO, OR (c) 196. CONDITIONS CO 196. CONDITIONS CO 216. TIME OF HOUR A.N P.N 216. PLACE C (AT HOME, STRE	AS A CONSECUTOR OF THE PROPERTY OF THE PROPERT	DUENCE OF NO MAIN OF THE PROPERTY OF THE PROPE	NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 19 nd that in (my) (a pinion DEGREE 212. ATTENDING	200. AUTOPSY? YES NOTER NATURE OF INJURE CITY OR TO deoth occurred on the company of the comp	20b. IF YES, IN CERTIFY YES STAY IN ITEM 18, PAI	WERE FINDI ING CAUSE: TI 1 OR PART 2)	NGS USED 5 OF DEATH NO STA
29		gove rise to in couse (a), statumentlying could part 2. OTHER SIGN 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (FEITHER, NOTIFY MED 21d. INJURY OCCU WHILE AT WORK AT V 22a. I certify that (sow the deceapone). (1)	mmediate thing the see last Se	DUE TO, OR (c) 198. CONDITIONS CO 198. CONDITIONS CO 218. TIME OF HOUR A.N P.N 218. PLACE C (AT HOME, STRE	AS A CONSEC AS A CONSEC AS A CONSEC TON FOR WHI FINJURY A. MONTH A. MO	DUENCE OF NO MAIN OF THE PROPERTY OF THE PROPE	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY? YES NOTE CITY OR TO death occurred an the company of the company	20b. IF YES, IN CERTIFY YES NOTEM 18, PAI	COUNTY OR PART 2) COUNTY 22c. DATI	NGS USED S OF DEATH NO STA
29		gove rise to in couse (a), statunderlying could have been counterlying could have been counterlying could have been counterlying counterly med contributing counterly med	mmediate thing the see last the	DUE TO, OR (c) 198. CONDITIONS CO 198. CONDITIONS CO 218. TIME OF HOUR A.N P.N 218. PLACE C (AT HOME, STRE View the body co	AS A CONSEC AS A CONSEC AS A CONSEC TON FOR WHI FINJURY A. MONTH A. MO	DUENCE OF NO MAIN OF THE PROPERTY OF THE PROPE	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY? YES NOTER NATURE OF INJURE CITY OR TO deoth occurred on the company of the comp	20b. IF YES, IN CERTIFY YES NOTEM 18, PAI	COUNTY OR PART 2) COUNTY OR PART 2)	NGS USED S OF DEATH NO STA
29	MEDICAL	gove rise to in couse (a), statumentlying counderlying counderlying counderlying counderlying counderlying counderlying contribution contribution contribution counterly med 21d. Injury Occu while notice and the deceedable (I) 22b-SIQ NATURE	MINDERLYING CATION MATION CATION MATION CAUSE OF DEATH MATIO	DUE TO, OR (c) DONDITIONS CO 198 CONDIT 218 TIME OF HOUR A.N P.N 218 PLACED (AT HOME, STRE View the body of M.D.	AS A CONSECUTE OF THE PARTY OF	DUENCE OF NO POLICE PARTICO	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY? YES NOW RED (ENTER NATURE OF INJL CITY OR TO MEDICAL PHYSI Ad. Towson,	20b. IF YES, IN CERTIFY YES SET IN THEM 18. PAIN THEM 18.	COUNTY 22c. DATI	NGS USED OF DEATH NO The course store of the course of t
29	WEDICAL WEDICAL	gove rise to in couse (a), statunderlying could have been counterlying could have been counterlying could have been contributing (if either, notify med counterly med lin jury occu while not at work at the counterly that could have counterly that counterly that could have content to the counterly that could have content to the counterly that could have content to the counterly that counterly that could have content to the counterly that counterly that could have content to the counterly that counterly that could have content to the counterly that counterly that could have content to the counterly that count	MINERITY OF STATE OF	DUE TO, OR (c) DONDITIONS CO 198. CONDIT 218. TIME OF HOUR A.M P.M 210. PLACE C (AT HOME, STRE WIEW the body C WIEWITT) M. D. 238. DATE	AS A CONSECUTE OF THE PARTY OF	DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET STREET 21l. LOCATION STREET	200. AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUIT CITY OR TO death occurred on the company of the company	20b. IF YES, IN CERTIFY YES NO TEM 18, PAI	COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED S OF DEATH NO STA

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6010 REISTERSTOWN RD., BALTO., MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

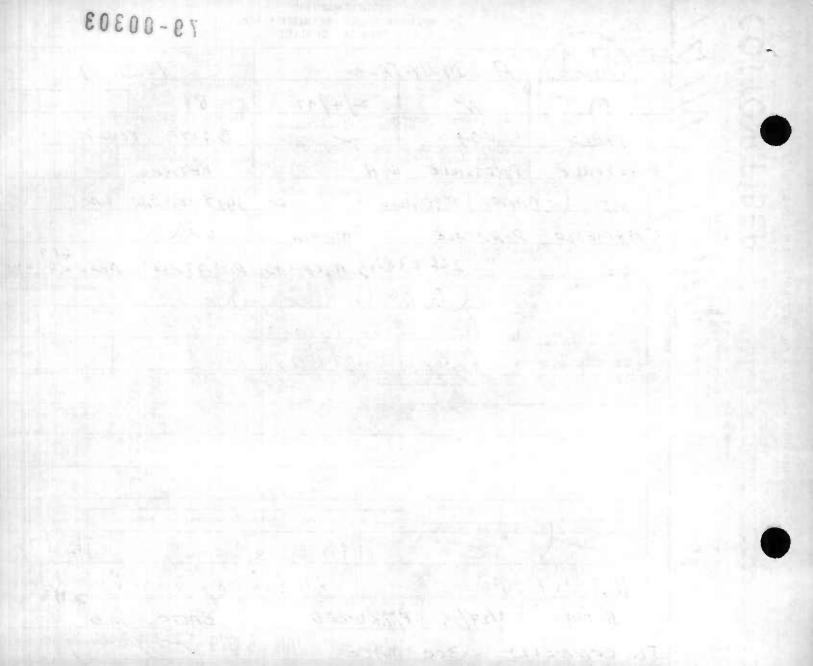
FOR

- STATE

(VR A 15 (4))

79-00301

				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		GIENE 79-00303	
		CEASED NAME FIRST	MIDDLE	€AST	1120.110.	DAY YEAR 26 HOUR
be be	(TYPE	Thomas	A. DIN.	ATALE	1-2	1-79 M
moy pod	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 r director hours aft		M	W	2-/4/47 YEAR	YRS.	MONTHS DAYS HOURS MIN
	7a. Bi	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUNTY	OFDEATH
		1.TALY	USA	WIDOWED DIVORCED	0 1 - 0	OUNTY MD.
the fune within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
rs tile	P	IKES VILLE	PHESVILLE	N.H.	RETIRES	E) 14D031K1
be be	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			13e STREET ADDRESS	(4)
hin 24 h ly filled should k		MP B	A	VILLE YES NO D	3417 FEMRAR	LN.
五 もっ きしく	I4 FA	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
and and and	C	ARMELLO	PINATALE	mot RIA	VKK	t A31
n and co		VAS DECEASED EVER IN U.S. AR/	WAR OR DATES	ECURITY NO. 17 INFORMANT	ADDRESS	619
on and c		NO	266	038243 NICHOLAS	DINATALE	DUNUKH WAY
ificate be physician papers. maval. rent, the i		18 CAUSE OF DEATH (Enter on	y one couse per luctor (o , (b	opd to	Λ Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 ~ c c >		PART I. DEATH WAS CAUSEI	E CAUSE (o)	0010000000000	Melo	
45 01 0		1919	DUE TO, OR AS A CONSE	OUTNICE OF		
e death ce antendin move carb action, ar traumatic		Conditions, if any, which	(b) Ad Van	ced (a 18 rach		
the remover the error		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF ~/ Q	Manual Co.	
by the		underlying couse lost.	1 OKECV	D, oloale		
Then plea to burial	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
o - o	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED
ws oe s	IFIC				IN CERTIF	YING CAUSES OF DEATH?
entificate has ind-transit per infal Hygiene fem 18 shaws	CER	21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18, P	
certificate priorial-transitional transitional transition		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
Me Me	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
alth and	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) (this haspit	ol) attended the deceased fro	om, 19	, to	19, that (I) (we) last
prito for of th		sow the deceased alive on, above, (1) (we) (did) (did no	view the body ofter death.	9, and that in (my) (our) apinio	n death occurred on the date and hou	r and from the causes stated
OR ATTEN be hospital DIRECTOR. ached for us Dept. of He		22b. SIGNATURE		DEGREE		224. DATE SIGNED
7 4 7 5 9 7		W	10	ATTENDING PHYSICIAN	MEDICAL STAFF	112314
- 0 0	1	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS	1111	0 0 11 1
retained by TO FUNERA should be de with the Stat IMPORTANT		12 A1547.	RAD	811 1	Derby Koas,	Kand Moom
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		BURIAL	1/24/79	PARK WOOD	BALTO.	M.D.
16 50M 1/76	24. FL	JNERAL DIRECTOR	ADDRESS	1 d N 0	ATE REC D BY REGISTRATE 251 DEGIST	AAP'S AGNATURE
A 15 (4))	J.	G. CONNEL.	LY 300	MACE		



FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00304

> M

STATE

STATE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 26. HOUR TYPE OR PRINTS LOVISE DSON RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX YEAR MONTHS DAYS HOURS 897 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BALT. COUN WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13g STATE 13b COUNTY 13c CITY OR TOWN, 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 2210 MCLEAN 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST FIRST MIDDLE MIDDLE SMITH RUSSELL LOUISE 17 INFORMANT 3113 Edgewood Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ellicott City. Md. 21043 Va Mrs. Ann Gallager APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ja), (b), and PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 286. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. MEDIC/ 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (4his haspital) attended the deceased from sow the deceased alive on 23 Jon and that in (my) (com) opinion death occurred on the date and hour and from the causes stated wiew the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE (SPECIFY Security Process. Inc. Catonsville Baltimore. Cremation So. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Catonsville, Md. 21228

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

should b

MacNabb Funeral Home

	1 - :	FOR STATE		DEPARTMENT OF H	EALTH AND MENTAL I	70 0	0306
7,000	1. DEC	REGISTRAR LEASED NAME FIRST OR PRINT)	MEI	MIDDLE	R'S CERTIFICATE (20. DATE KNOWN M	ONTH DAY YEAR Zb. HOUR
ORECTOR. COUR FILES. 1 2 HOURS N STREET,	3 SEX	Rose	5 DATE OF BIRTH	T.	Dole IF UNDER 1 YR. IF UNDER	OF ESTI- DEATH MATED X	1 23 1979 M
8 4 m 6 1 1		emale White	Sept. 7b. CITIZEN OF WE	YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1 23 1979 7:00
A PECES	FOR	Connecticut Y OR TOWN OF DEATH	U. S. A	Λ		GED Baltimor	ce County, MD.
工工の場合	Lu	therville	8201 Wh	cality, give street address) ite Manor D:	rive	12a USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) Homemaker	OR INDUSTRY Own Home
RETAI RETAI HOULD	13 c . ST	1	or other institution, given the control of the cont	13c. CITY OR TOWN Luthervill	e YES NO K	13e STREET ADDRESS 8201 White Man	nor Drive
A 2 A	14. FA	THER'S NAME FIRST Gottlieb	MIDDLE	Theurer	15. MOTHER'S MAID	EN NAME MIDDLE Ann	Gnau
PAGES 1 AND DIVISION OF	16a. W (YE	AS DECEASED EVER IN U.S. AI S. NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	215-54-307		Gardner, Same As	#13e
-0		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	rn nv	for (a), (b), and (c).)	s of head		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ER ALONG USIT PERMIT I HYGIENE, DVAL.		Conditions if any, which	b DUE TO, OR	AS A CONSEQUENCE OF			
BURIAL-TRANSIT PERMI AND MENTAL HYGIENE, ON, OR REMOVAL.		gove rise to immediate cause (a) stating the under lying couse last.	<	AS A CONSEQUENCE OF			
HE		PART 2 DTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINA	LL DISEASE OR CONDITION GIVEN IN PA	ÀRT 1 (a).	
AL, CKEM	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY? YES X NO
TO BURIAL	AL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M. DEATH ? P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART)	
STATE DEPARTMENT (ā	21d. INJURY OCCURRED	21e. PLACE C STREET, FACTO	DF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	anor Dr., Luthervi	COUNTY STATE
AND, 21201 P		22a. I certify that I took char			Autapsy X, Inspection		my opinian
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217		ACTUAL SIGNATURE UNTO	na Lelou	an orb	TITLE (SPECIFY) Assistant	- D	ATE 1/24/79
TER DE		EXAMINER'S NAME (TYPE OR PRINT)		L. Dolan, M.	D. ADDRESS 111	Penn St. Balto	o. MD
AF BA	(SF	RIAL, CREMATION, REMOVAL ECIFY) Burial	23b. DATE 1-26-79		TERY OR CREMATORY Park Mausoleu	23d LOCATION CITY OR TOWN and, Balt	county Mary Land
5))	24. FU	NERAL DIRECTOR	ADDRESS	Inc. Towson,	143	REC'D. BY REGISTRAR 256. REGISTRA	

1	- STATE REGISTRAR	DEP	CERTIF	ICATE OF DEATH	7 9 - 0 N	0307		
	ECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
{1146	Sister Mar	y Nicholas Dre	bes		1-4	- 79		5:50 P _M
3 S	EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	
F	emale	White	MONTE	9-18-95 YEAR	82.83	YRS	NIHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	_ X	9 BALTIMORE CITY	OR COUNTY O		
4	Pa.	U.S.A.	WIDOWE	D NEVER MARRIED	Balti	more Co	unty	
	len Arm	11. NAME OF HOSPITAL, NI	URSING HOME C		120 USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
USU 13a	JAL RESIDENCE (IF NURSING HOMEO STATE Md/ Bal	rother institution, give residence NTY timore	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	Charle	s St.	
14 F	ATHER'S NAME FIRST William		bes	15. MOTHER'S MAIDEN NA/ FIRST Mary	WIDDIE	Func	ke	.ST
160	WAS DECEASED EVER IN U.S. AR NES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL (218-54	SECURITY NO.	Sister Mary	E. Grau	11630 G	len A	rm Rd.
		nly one couse per line for (o), (I ED BY: TE CAUSE (o)	b, and ic	next			BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	Severe	ASCUD			4	ears
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	SEQUENCE OF	age			1 40	elles
NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	idition given	IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES		NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PARI	T 1 OR PART 2)	4
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN Jan	COUNTY	STATE
3		ital) attended the deceosed for the state of the state	1977, 81	nd that n my (or) apinion (deoth occurred on the o	lote and hour o	and from the	
	226. SIGNATURE	Bowen	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	ISIGNED
	22d. PHYSICIAN'S NAME (TYPE OF Lawren			50 Scott Adar	n Rd., Cock	eysvill	.e, Md	
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1-6-79	Villa		Glen Ar		Sec. 1	.0
24 F	Raymond Curran	300 Hig Cambri	dge, Md	25a. QA Şi	E REC'D BY RECHS RAR	256. BEGISTRA	R'S SIGNAT	TURE

DHMH · 16 60M 1/75 (VR A 15 (4))

BP.

79-00307

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral direct should be detoched for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG CATE OF DEATH	HENE	REG. NO.	19-	003	80
I. DEC	CEASED NAME F	PIRST	M	IDDLE	LA	ST	20. DATE OF		DNIH D	AY YEAR	26. HOU
(TIPE		seph	F	rank	DRE	HOFF		1	1	2 7	9 5:05
3. SE		4 RAC			5. DATE O	F BIRTH	6. AGE (IN YEA			IF UNDER 1 YE	
	Male		Whi	te	Marc	h 19,1923		55	YRS.	ONTHS DAY	rs HOURS
	IRTHPLACE (STATE OR FOREK	GN 76 CIT		VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
Mai	ryland	2.1	USA		WIDOWE	DIVORCED	В	altim	ore C	ounty	
	SSVILLE					ospital	Machin	CCUPATION OF V	N VORKING LIFE	12b. KINE	wery
13a S		HOME OR OTHER I		Longbe	/NI B	13d. INSIDE CITY LIMITS?	Route	ookis e	Box 2	217	
	ames Dreho	off MIDDLE		LAST		Mary Mi		MIDDLE	300		LAST
	NAS DECEASED EVER IN (1985, NO OR UNKNOWN) (1986)	U.S. ARMED F FYES, GIVE WAR OF		2151618		Vivian J. I	Orehof:	ADDRESS		5 Bo	x 217
	Conditions, if any, w gove rise to immed cause (a), stating	MEDIATE CAL	(b)	AS A CONSEQUE	ENCE OF	ry Arrest, he	ert Tal				
ICATION	Conditions, if any, w gove rise to immed couse (a), stating underlying couse	MEDIATE CAU Dichich diote the lost. ICANT CONDI	DUE TO, OR (b) DUE TO, OR (c) ITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		OR CONDI	20b. IF YES,	, WERE FIN	DINGS USE
TIFICATION	Conditions, if ony, we gove rise to immed couse (a), stating underlying couse PART 2 OTHER SIGNIFIED THE SIGNIFIE	MEDIATE CAU Thich diote the lost. ICANT CONDI	DUE TO, OR (b) DUE TO, OR (c) ITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE 200 AUTOI YES [OR CONDI	206. IF YES, IN CERTIFY YES	, WERE FIN YING CAUS	DINGS USED SES OF DEAT NO
CAL CERTIFICATION	Conditions, if ony, w gove rise to immed couse (a), stoting underlying couse	MEDIATE CAU Dithich diote the lost. ICANT CONDITION IVING 12 SE OF DEATH	DUE TO, OR (b) DUE TO, OR (c) ITIONS CO 9b COND!	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO J TION FOR WHICH INJURY A. MONTH D.	ENCE OF DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE 200 AUTOI YES [OR CONDI	206. IF YES, IN CERTIFY YES	, WERE FIN YING CAUS	DINGS USED SES OF DEAT NO
MEDICAL CERTIFICATION	Conditions, if ony, we gove rise to immed couse (a), stoting underlying couse PART 2 OTHER SIGNIFI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	MEDIATE CAU Chich flote the lost. ICANT CONDI IVING 21 SE OF DEATH XAMINER) 21	(b) DUE TO, OR (c) ITIONS CO 9b COND! 1b TIME OI HOUR A.A. P.A.	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO 1 FINIURY A. MONTH D,	ENCE OF ENCE OF DEATH BUT I OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE 20a AUTOI YES RED (ENTERNATI	OR CONDI	20b. IF YES, IN CERTIFY YES	, WERE FIN YING CAUS	DINGS USED SES OF DEAT NO
	Conditions, if ony, we gove rise to immed couse [a], stoting underlying couse PART 2 OTHER SIGNIFI 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU: (IF EITHER, NOTIFY MEDICALE: 21d. INJURY OCCURRED WHILE NOT WHILE	MEDIATE CALL D thich diote the lost. ICANT CONDI IVING 21 SE OF DEATH XAMINER) 21 (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (8) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	DUE TO, OR (b) DUE TO, OR (c) ITIONS CO 15. TIME OI HOUR A.A. P.A. 16. PLACE CATHOME, STRI	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO J FINJURY A. MONTH D, A. MONTH D, SE INJURY SET, FACTORY, OFFICE, I Gegeosed from 2 19 19 19	ENCE OF ENCE OF DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOL YES TRED (ENTER NATI	OR CONDI	20b. IF YES, IN CERTIFY YES IN ITEM 18, PA	COUNTY	DINGS USEE SES OF DEAT NO [2]
	PART 1. DEATH WAS M	MEDIATE CALL D Thich the the lost. ICANT CONDI VING 21 VI	DUE TO, OR (b) DUE TO, OR (c) ITIONS CO 15 CONDITIONS 16 PLACE CATHOME, STRI Wither body Agh	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO J FINJURY A. MONTH D, A. MONTH D, SE INJURY SET, FACTORY, OFFICE, I Gegeosed from 2 19 19 19	ENCE OF ENCE OF DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21t. LOCATION STREET 19 19 d that in (my) (our) opinion DEGREE ATTENDING	ZOO AUTOL YES TO THE TOTAL RED (ENTERNATION TO THE TOTAL MEDICAL DIRECTOR TO THE TOTAL SYNAM	OR CONDI	206. IF YES, IN CERTIFY YES IN ITEM 18, PA 21	COUNTY 19 79 22c. DA	DINGS USER SES OF DEAT NO [2] s1 , that (I) (r the causes state (TE SIGNED /12/79

1211 Chesaco Ave.

BP.

etoined by the hospital ar attending physician.

TO HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

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Walter Williams Co. 1028 Charles Add the bright was custors are reinicos. Islinecu event vilkner effivesol and the street of the control of the The Man I would the west I make the second of

brailtein, struttin Alle Santania (P. . .)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -79-00310 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2a DATE OF DEATH 2h HOUR (TYPE OF PRINT) 1:05 LEOLA JANUARY 3, 1979 F. DRUERY 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Feb. 27, 1900 DAYS HOURS Female White To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Md. USA BALTIMORE COUNTY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY Home TOWSON ST. JOSEPH HOSPITAL Own DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Md. 136 COUNTY 5619 Ready Avenue Balto. 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST FIRST MIDDLE Samuel Fair Agnes ADDRESS. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Norma V. Smetana Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Severe congestive heart failure IMMEDIATE CAUSE (0 troumatic OR AS A CONSEQUENCE OF Advanced arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate or other couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION Renal failure and Anemia 0 any 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 21d INJURY OCCURRED 21 B. PLACE OF INJURY 211, LOCATION puo AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK January December 24 220.1 certify that (this haspital)_ottended the deceased from . 5 January and that in (our) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on Volview the body ofter death If Item 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 7620 York Road. Towson. MD 21204 Beatriz P. Dizon. M.D. Shoul with 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Md. Baltimore National Buria 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 50M 1/76 (VR A 15 (4)) Balto ..

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THEREDO SHUNTELLA

1/1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7.0	00212
Vo	- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9	00312
	DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HO
	AMY	EVELYN DUFFY DEATH MATED 1	11 1979 890
.3	SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 24. HO
1	Temale White	1/11/1895 84 YRS. DEAD	11 1,79 100
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	
4	Maryland	U.S.A. WIDOWED & DIVORCED Baltimore Co	- /V
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
يا	Dundalk	3000 Dunleer Rd. HOUSEV	/IFE
130	STATE 113h COU		
\mathbf{L}			21222
A 14	FATHER'S NAME	Harrison Is. MOTHER'S MAIDEN NAME COra He	eath
14	Camper . WAS DECEASED EVER IN U.S. AI		lalk, Md.
/ ["		220.46.2273 Eugene M. Duffy 7103 Sun	
F			
1	PART I DEATH WAS CAUS	anly ane cause per line far (g), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1	1/10 - IMMEDIA	ATE CAUSE (a) / CONSEQUENCE OF	
	Conditions, if any, which	h () havis sociemis muses dial duran	10 1100
	gave rise to immediat cause (a) stating the under	(b) (b)	10 9/03.
	lying cause last.	SOL TO, ON AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITION	(C)	1
1 2		The teaming of the teaming of the team of	
	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
2			YES D NO
2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	
1	UNDERLYING OR CONTRIBUTING CAUSE OF		
100	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 211. LOCATION	
1	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	JNTY STATE
	22a. I certify that I took char	rge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my ap	vinian
		ural causes A. Accident . Suicide . Hamicide . Undetermined manner .	1 1
	- 0	TALE (SPECIEY)	1/11/-
	ACTUAL SIGNATURE	nother O Honoran M.D. Departy MEDICAL EXAMINER SIGNEI	0 / 79
0	EVALUATEDIS ALAME TODA		
9	EXAMINER'S NAME J. CRO	OSSAN O'DONOVAN ADDRESS 2112 DUNDALK AVE. BALTO	MD. 21222
230	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUN	TY STATE
L		1/15/1979 Moreland Mem. Pk. Balto.	Md.
24	FUNERAL DIRECTOR	Bradleys Inc. Dundalk, Md. 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S	GNATURE
W	alter Brooks	Bradley Inc. Dundalk, May AN 16 1970 Tisking /	(Clready

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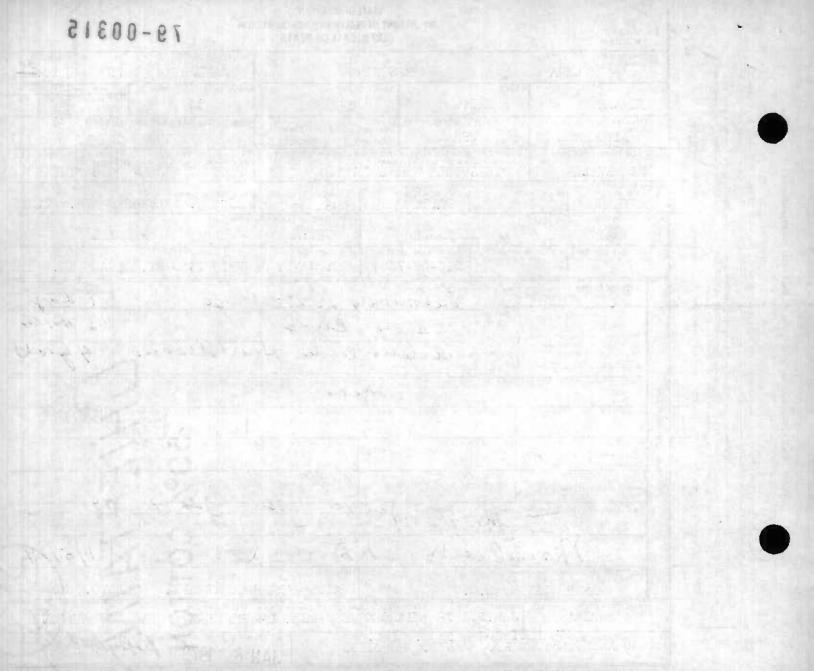
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2g. DATE OF DEATH (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) "OCT. TY, 1883 FEMALE WHITE 95 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED LATVIA USA BALTIMORE COUNTY WIDOWEDXX DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR PIKESVILLE NURSING HOME (TYPE OF HOUSEWIFE PRING LIFE INDUSTRY HOME PIKESVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #21215 13d VINE DE CITY LIMITS? 130. STATERY LAND 13b COUNTY 13'BATLTTMORE 13e 3962 AFORDLEIGH RD., APT. B 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ABRAHAM DALEVITZ **RACHAEL** MIDDLE UNKNOWN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATES) 213-74-9385 SOLELENSON 6616 DEANCROFT RD. #21209 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON cars Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Ē 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from 🕰 sow the deceased alive an and that in (my) (bor) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (ed not) vizw the body after death 22b. SIGNATURE ATTENDING & MEDICAL DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TOPEOR PRINT) the the 6101 PK HOTS AVE. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION ²³JAN. 25, 1979 HEBREW YOUNG MEN BALTIMORE MARYLAND SOL LEVINSON & BROS., INC. 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN 3 0 1979 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 intre Malredy (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO. MD 21215

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME O. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-ESDERS LBERT DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 24. DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 18 05 73 Male White 11 DEAD 7b. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED X Baltimore County Germany DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 2202 Lodge Forest Steel Worker Edgemere Beth. Steel BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Edgemere 2202 Lodge Forest Drive Maryland NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OFXI MIDDLE LAST MIDDLE LAST Not Known Esders Not Known 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7600 MODRE Point Creek Rd. 17. INFORMANT AGES LYES, NO. OR LINKNOWNI I LIF YES. GIVE WAR OR DATES 213-09-1885 Edward Esders, Balto.MD No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and c). APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY myDeardia IMMEDIATE CAUSE DUE TO Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last OR EMATION, O PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION CREM OF HEA 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY STATE (22a. I certify that I took charge of the remains described above, held an Autopsy OR and in my apinian ARYLAND. DIRECTO death resulted fram Natural couses Accident Undetermined manner TIMLE (SPECIFY ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOUT
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA DATE SIGNATURE SIGNED EXAMINER'S NAME J. CROSSAN O'DONOVAN TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 2/3/79 Maryland Burial Sacred Heart of BP Mary Baltimore Duda-Ruck Inc. 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) FEB 7922 Wise Avenue, Dundalk, MD 21222 15M 7/77

79-00316 Later the second of the second 1978 S 833 THE LAND AND A STREET

ctor, page 3 cofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with 172 hours oftwhich the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The low requires that the death certificate be

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STATE OF MARYLAND

DEDA

RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE REG. 1		9 -	00	3	17
LAST	20. DATE OF DEATH	HTMOM	DAY	YEAR	2 b	HOU

250. DATERED D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

				CERTIFIC	ATE OF DEATH	REG. NO	D	00	
{ TYPE	CEASED NAME FIRE	genie	MIDDLE	LAS		20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
		erie-	M F	vans		January 27.	1979		5:30P
3 SEX	X	4 RACE		5. DATE OF		6. AGE IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24
10.5	Female	White	9	12	28 1896	82	YRS.	ONTHS DAYS	HOURS
7a. BI	RTHPLACENISTATION FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
		U.S.A.		WIDOWED	NEVER MARRIED	Dollaimona			
	Baltimere Ity or town of DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	Baltimore			OF BUSINESS
В	alto.	Frank	lin Squa	APPRESS) Ho	spital	(TYPECF WORK FOR MOST OF	WORKING LIFE)		Holab
USU A	AL RESIDENCE (IF NURSING HOME STATE 1136 CO		1, GIVE RESIDENCE BEFORE		3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	MD Bal	to.	Balto		YES NO		ewate	r Ave	. 212
14 FA	THER'S NAME				MOTHER'S MAIDEN NA	ME			
7	Eugene	MIDDLE	Bena		Josephi	MIDDLE	Son	velet	+ :
16a W	VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO. 1	7. INFORMANT	8 CARDAE	SSEdge	water	ATTC
{Y	res, no or unknown) (if yes, o	GIVE WAR OR DATES)	2202076	87 1	orman C. E	Wana Palt	Fage	2123	
	18 CAUSE OF DEATH (Enter				OPHISH OF E	Valla Dalli	O MID		MATE INTERVA
	undarluna sausa lais	1	R AS A CONSEQUE						
	underlying couse lost PART 2 OTHER SIGNIFICAN	(c)		I	Renal Failure		OITION GIVE	N IN PART 10	01
TION	PART 2 OTHER SIGNIFICAN	(c) T CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERM	NINAL DISEASE OR COND			
TIFICATION		(c) T CONDITIONS <u>C</u>		DEATH BUT NO	OT RELATED TO THE TERM		20b. IF YES,	WERE FINDIN	NGS USED
CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERM	200. AUTOPSY? YES NOX	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONDITION	ONTRIBUTING TO DESCRIPTION FOR WHICH DESCRIPTION OF INJURY	OPERATION AY YEAR 19	OT RELATED TO THE TERM	200. AUTOPSY? YES NOX	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAI	WERE FINDIN	NGS USED OF DEATH: NO
1	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this had soon the deceased alive obove, (1) (we) (did) (did)	T CONDITIONS CONDITION	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 PARM, ETC.	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR! 11f. LOCATION STREET	200. AUTOPSY? YES NOX RED JENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAI	WERE FINDING CAUSES RT 1 OR PART 2) COUNTY	NGS USED OF DEATH NO STATE
1	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22c.1 certify that (1) (this had soon the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE	T CONDITIONS CONDITION	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.) Tanual DE	OT RELATED TO THE TERM WAS PERFORMED THE HOW INJURY OCCUR THE LOCATION STREET THE TOTAL	200. AUTOPSY? YES NOT	20b. IF YES, IN CERTIFY YES YIN ITEM 18, PAI TOTE ond hour	WERE FINDING CAUSES RT 1 OR PART 2) COUNTY	NGS USED OF DEATH! NO
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN WHILE NOT WHILE 22a.1 certify that (1) (this hosow the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE	T CONDITIONS CONDITION	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.) Tanual DE	WAS PERFORMED THE LOCATION STREET THE LOCATION ST	200. AUTOPSY? YES NOT	20b. IF YES, IN CERTIFY YES YIN ITEM 18, PAI TOTE ond hour	WERE FIND IN ING CAUSES TO TOR PART 2) COUNTY 9 79 0 ond from the	NGS USED OF DEATH! NO
1	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22c.1 certify that (1) (this had soon the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE	T CONDITIONS CONDITION	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.) Tanual DE	WAS PERFORMED THE HOW INJURY OCCUR THE LOCATION STREET TY 14, 19 79 that in (my) (our) opinion GREE ATTENDING PHYSICIAN [200. AUTOPSY? YES NOW RED JENTER NATURE OF INJUR CITY OR TOW TO January deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAI TO 27, 1	WERE FIND IN ING CAUSES TO TOR PART 2) COUNTY 9 79 0 ond from the	NGS USED OF DEATHS NO STATE that (I) (we couses state
WEDICAL MEDICAL	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE 22e.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE 22d PHYSICIAN'S NAME TYP	T CONDITIONS CONDITION	ONTRIBUTING TO E ONTRIBUTING	OPERATION AY YEAR 19 FARM, ETC.) Januar 79 ond DE	OT RELATED TO THE TERM WAS PERFORMED THE HOW INJURY OCCUR THE LOCATION STREET THE TOTAL	200. AUTOPSY? YES NOW RED JENTER NATURE OF INJUR CITY OR TOW TO January deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAI TO THE OND HOUR	WERE FIND IN ING CAUSES RT 1 OR PART 2) COUNTY 9 79 ond from the	NGS USED OF DEATH! NO

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DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL DIRECTOR

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	August Angels			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPA	CERTIF	EALTH AND MENTAL H		7 REG. NO.	9-00	318
		CEASED NAME FIRST		I'ph		AST	2e. DATE OF DE		DAY YEAR	26 HOUR
	-77	WILLIA		R.	EV			NUARY 5,		5:45 a _M
	3. SEX	EL LINE DE LA CONTRACTOR DE LA CONTRACTO	4 RACE		5. DATE C	F BIRTH,	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	2. Du	Male	Neg		Feb.	4,01931	47	YRS.		
1	CC	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNT	MARRIEI	NEVER MARRIED		CITY OR COUNT		
	_	Maryland	U.S		WIDOWE	D DIVORCED [120 USUAL OCC	TIMORE C		MD.
8		TOWSON	ST.	JOSEPH 1	HOSPITAL			R MOST OF WORKING	LIFE) INDUSTRY	ood
5	13a S		OTHER INSTITUTION	134 CITY OR T Glen	OWN I	134 INSIDE CITY LIMITS?	5623 I	RESS Bellgwy	nn Roa	ıd
21	14 FA	ATHER'S NAME FIRST Clinton	MIDDLE	Evans		Agnes		IDDLE R	lobinso	
160	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES?	16b SOCIALS		17 INFORMANT		ADDRESS	ODIIIOO	11
	()		war or dates)	215-3	4-1695	Thelma M	. Evans	same	as abo	WE INTERVAL ONSET AND DEATH
)	Conditions, if ony, which gave rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, C	DR AS A CONSE MASSI DR AS A CONSE	OUENCE OF	insufficience teral pneumo	nia	r condition G	IVEN IN PART 1	0,
1	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CERT	ES, WERE FINDI	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	OF INJURY m. MONTH	DAY YEAR	21c. HOW INJURY OCC				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY FREET, FACTORY, OFF		21f. LOCATION STREET	сп	Y OR TOWN	COUNTY	STATE
		22a.1 certify that (this haspi saw the declased alive on above. If (we) (did) (and to	Januar	he deceased from 5		d that in () (our) apinit	, 10 2			that DK (we) last causes stated
		22V. SIGNATURE	1	7 4.		DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN 🔼	Jan	. 5,1979
1		Reynaldo Or		omez, M	.D.	7620 Yer	k Road, T	owson, M	D 21204	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE		73c. NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATIC	N wn	COUNTY	STATE
		Burial	1/9/	1979	Fairvi		Fores	st Hill	,Harfo	rd, Md.
	24 FL	UNERAL DIRECTOR		ADDRESS		ZIOOT	ATE REC'D, BY REG	STRAR 256-REGIS	STRAR'S SIGNA	URE
	M.	G. Kurtz 11	l Ja	rretts	ville,	Md.	m13 1 7 101	2	/	

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Mattingley Leonardtown, Maryland

(VR A 15 (4))

BP.

DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

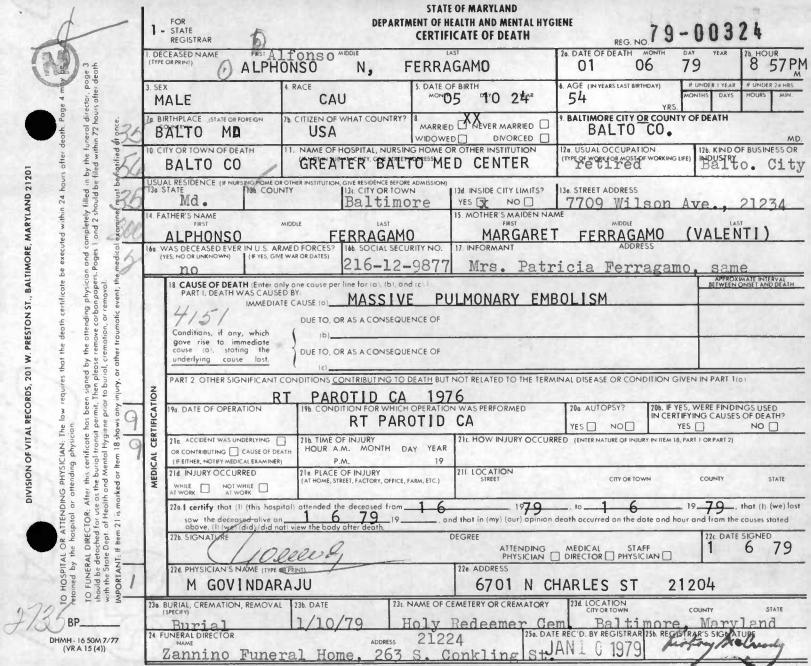
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	- STATE REGISTRAR				CERTIF	CATE OF DEATH	REG. N	9 - L	10321	
	CEASED NAME FOR PRINT)	FIRST		GINIA	F	EINOUR	20. DATE OF DEATH	MONTH 1	16 179	12:20 A
3. SEX	x emale		4. RACE White	е	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
NI.	IRTHPLACE (STATE OUNTRY)		U.S.A		WIDOWE		BALTIMORE CITY S	E CO		_ MD
1	TOWSON		GBMC-	-6701 N.	CHA	RLES ST.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Machine	OF WORKING	LIFE) INDUSTRY	othing
13a. S	al RESIDENCE (# STATE ryland	13b COUN	other institution. ITY timore	GIVE RESIDENCE BEFORE 131. CITY OR TOWN 21234		13d INSIDE CITY LIMITS? YES NO.	13e STREET ADDRESS 8704 Lock	n Ber	nd Driv	е
Ge	orge		MIDDLE	Fitzer		15. MOTHER'S MAIDEN NA/ FIRST Mary	WIDDIE		Cle	
	WAS DECEASED EY		MED FORCES?	216-09-		Theresa Bu	addr usinsky 46		210 Carroll	
CERTIFICATION	, , ,					NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	EIVEN IN PART 100 YES, WERE FINDIN TIFYING CAUSES	NGS USED OF DEATH?
	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N	CAUSE OF DE	110110 4	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	YES NO A		YES 8, PART 1 OR PART 2)	NO 🗌
MEDICAL	21d. INJURY OCC	OT WHILE T	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	wи	COUNTY	STATE
	sow the dec	eased alive on	-	e deceosed from	79 , or	d that in (my) (our) opinion	deoth occurred on the c	_		that (I) (we) lost couses stated
	22b. SIGNATURE					DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN X	22c, DATE 1-1	6-79
	22d. PHYSICIAN	NAME (TYPE C	R PRINT)			22e. ADDRESS GBMC-6701			ST.	
1	BURIAL, CREMATION (SPECIFY). Surial	ON, REMOVAL	Jan. 1			emetery or crematory athedral	23d LOCATION CITY OR TOWN Baltin			
	UNERAL DIRECTO			ADDRESS	h Ra	ven Blvd JAN	REC'D. BY REGISTRAN	25b. REG	STRAR'S SIGNAT	

79-00321			
1 16 179 12:20	FEINOUR	NRY VIRGINIA	
SALTIMORE COUNTY			
	HARLES ST.	CBMC-6701 N. C	TOWSON
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370.	VE HEART FAIL	CONGESTI	
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x			
1-16 79	11-1	64 31-1	
x 1-16-79			SSR SPANISHEN THE
N. CHARLES ST.	GBNC-6701		
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A ASK DEDITION			

79-00323 thought the state of the state Delegara - Tanalaca manual description of the transfer of the tran Mr. Committee and the state of Fordings C. Peningre - Linear Mes Till 1218-05-70-2 11%, Frances . 62 from the Page York Board Seaton, July Dr. b. Errich Colons, J. C. Sarial (1/25/7) Amaia Hidas (1/25/1) fairas nonry S. Jahlas & 175 (3.



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estimo de la companya della companya	nileit u	å-hoC	wented
	t hear en en viste		

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00326

1.	REGISTRAR		C	ERTIFICATE	OF DEATH	REG.	NO.	000	
	CEASED NAME FIRST	NEC E	H. I	LAST	Simon	20. DATE OF DEATH	MONTH I	23/79	26 HOUR
3. SE		4. RACE	5.	DATE OF BIRTH		6. AGE (IN YEARS LAST)		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		70-4-1	705 YEAR	73	YRS.	MONTHS DAYS	HOURS MIN
	Balto. M.	U.S.A		MARRIED ON	DIVORCED	Baltimore CITY	ne (ou	nty	ME
	Randa Ustown	Balt	HOSPITAL, NURSING HEACILITY, GIVE STREET ADDR	ty Gene	rinstitution ral Hospit	120 USUAL OCCUPA (TYPE OF WORK FOR MOS TAXI-U	ATION TOF WORKING HE SPACE	E) INDUSTRY	etired
13a.		ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADA RELECTION RELECT	own, Mil	BIDE CITY LIMITS?	130. STREETS ADDRES	rley M	anor Rd	
14. F.	ATHER'S NAME FIRST John	r Fitzsimm	ons last	15. MO	THER'S MAIDEN NAM atheri	ne Chamber	us .	LAS	т
16a. \	WAS DECEASED EVER IN U.S (YES GOOR UNKNOWN) (IF A)	ARMED FORCES?	083-07-67		James U.	Fitzsimmo	ns-739	Shipfr	220 iend Rd.
	18 CAUSE OF DEATH (Ent. PART I, DEATH WAS CA	er anly one cause per AUSED BY:	line far (a), (b), and (c)	1	ba. `-	0		BETWEEN	MATE INTERVAL DNSET AND DEATH
		DIATE CAUSE (0)	MILLAMPE	cyto	penic	Just	Wa		
34	Conditions, if ony, which		AS ACONSEQUENCE	C A	KRohol	com (c	inlusiz	d liver)	
	gove rise to immediat cause (a), stating th	e DUE TO, OF	RAS A CONSEQUENC	E OF	// 1-	0		0	
	underlying cause las	t. (c)	mainemat	053,1	in left -	ling			
NO	PART 2. OTHER SIGNIFICAL LAPPER & T L	escling, mas	- 1	espha.		inal disease or co	er 9 59	ternach (Pylones)
ERTIFICATION	19a DATE OF OPERATION	PI96 CONDI	TION FOR WHICH OPE	ERATION WAS	PERFORMED '	YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S 😿	
O	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	- 110110 4		YEAR 21c. H	OW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2)	
ICAL	(IF EITHER, NOTIFY MEDICAL EXAM	AINER] P./		19	CATION				
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	EET, FACTORY, OFFICE, FARM,		STREET	CITY OR	NWOI	COUNTY	STATE
	220-1 certify that (1) (this h	hospital) attended the	e deceosed from	1/23	, 19.79	, to	123	19 79	that (I). (we) la
	sow the deceased aliv above, (I) (we) (did) (d	e on	3 after death. 1974	18	Clau Mi	death occurred on the	date and hou		
	22b. SIGNATURE	nere	- Smi	M.	PHYSICIAN [MEDICAL ST	TAFF SICIAN A	22c. DATE	23/79
	BERNTAR	DON U.	SONALE	5 220 A	BALT	mert	Coun-	Py 60	N. 19
23a.	BURIAL, CREMATION, REMO (SPECIFY) Burial	236. DATE 1-27-	7 0	est Lawr			bia-Hou		STATE
24 F	John C. Mille	r Inc-641	5 Belair Ro	1-2120	250. DATE	e rec'd. by registra 2 6 1979	AR 28 REGIST	RAKSSICHAT	URE

THE RESIDENCE OF THE PARTY OF T allow in Timo eroni'r and cliston a libre out in seena position is it is all or ritio. eistenstore, it. x +2 river and w. go'n istainman cterior inters es it simons-77 sich in ansa-77 sich in eine 1-77-79 (rest com com los dia- ourest o. c. 127.70 10 9 in inter receive dain de 2/205

. DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OR PRINTS Charles Karl Fleischmann January 25 5 DATE OF BIRTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) Sept. 10, 1901 Male Caucasian 70. BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Austria Baltimore County, Maryland WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Catonsville 401 Allview Court Accountant MARYLAND 21201 SUAL RESIDENCE (IF NURSING 30 STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland 401 Allview Court Catonsville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDIE Moritz Fleischmann Ida ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 216-16-5890 Mrs. Gertrude J. Fleischmann 8 CAUSE OF DEATH Enter only one cause per fine for (a), (b), and PART I. DEATH WAS CAUSED BY Carcina DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attegded the deceased from saw the deceased alive on bove. (1) (we) (did) (did not) view the body ofter death. and that in (my) (aus) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE -ATTENDING MEDICAL MW. PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ould E James J. Nolan. M.D. 1 Mallow Hill Rd. Baltimore. Md. 21229 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE (SPECIFY) Cremation 26/79 Security Process. Inc. BP. Catonsvillle

Catonsville, Md. 21228 AN 3

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

MacNabb Funeral Home

DHMH - 16 60M 1/75 (VRA 15(4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

HOURS

12h KIND OF BUSINESS OR

21228

Hock

Same as

2 mortas

NO M

22c DATE SIGNED

Baltimore.

250, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Automotive

INDUSTRY

YES [

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		10, 10			9.00
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nvlvan vin	anniumoon4		truct webvill to	T. in	and to
83013 1:000	o estatin ton		of transfit see	omer for	Spin Lynes
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to see	musicale. T.	New Cortain	(1951 m 1 1 m 1 5 m)		9
	and the second		137		

FOR

(VR A 15 (4)) 9/74

79-00328	
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	FERTAL Alexandra uni
secured and Area	LEU VIOLET
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79-00329 Trinore, do. in the control of the c Section of the residence . The Class the Committee and the contract th compared to the control of the contr deard for a light of the second of the secon E E - L-E-9 - Hotel motern eloca, son E E Surjel of the day of the series and the class out is, as, Ma. ALEGO C. CHELLOW, ULTDURENCE, MARCHINE, CO.

DHMH-16 20M (VRA 15, 4) 7/78

FOR

9	STA	TE ()F	MA	RYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

79-00330

١١-	STATE REGISTRAR			DET	CERTIF	CATE OF DEATH	RE	3 - 1	UUJJU	
1. DEC	CEASED NAME	FIRST		AIDOLE	L	AST	20. DATE OF DEAT		OAY YEAR	26. HOUR
(on must	Anni	е :	Н.	FLYNN		Januar	y 1,	1979	430 M
3 SE)	x Fema		RACE Whi	te	S DATE O	OAY YEAR	6. AGE (IN YEARS LA	ST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	RTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUN	TRY?	□ NEVER MARRIED □	9. BALTIMORE CI			
	ounter) Maryland		US	SA	WIDOWE		Baltim	ore C	County	MD
10. CI	uthervi]	EATH 11	NAME OF H	HOSPITAL, NO	URSING HOME O	esing Home	120 USUAL OCCU (TYPE OF WORK FOR M HOMEM	OST OF WORKING		OF BUSINESS OR
13e. S	AL RESIDENCE (IF NU STATE Md.	136 COUNTY	HER INSTITUTION.	GIVE RESIDENCE 13c. CITY OR Balt	TOWN	13d. INSIDE CITY LIMITS? YES MO	130. STREET ADDR		ersity	Pkwy.
	George	Ĉ.		Hasl		15. MOTHER'S MAIDEN NA FRST Martha	E	• allege	Cars	sr Son
16a V	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARME	D FORCES? AR OR DATES)		SECURITY NO.	Mrs. Geor		Uffel	New	Jerse
	Conditions, if or gove rise to it couse (0), sto underlying cou	nmediate ting the se last.	(b)	R AS A CONS	SEQUENCE OF					
NO	PART 2 OTHER SI	/	e Re			not related to the term		ONDITION	GIVEN IN PART 1	(0,
CERTIFICATION	19a DATE OF OPER	ATION	196 COND	TION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH? NO []
	218. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	INJURY IN ITEM	18, PART I OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE	21e PLACE	OF INJURY BEET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY	DRTOWN	COUNTY	STATE
	22s I certify that saw the dece- above, (I) (we		12-1	16	70	d that in (my) (our) opinion	death occurred on t	he date and l	hour and from the	, that (I) (we) last e causes stated
	22h SIGNATURE	4 Hu	elfar G				MEDICAL DIRECTOR DP	STAFF IYSICIAN []	1/3/	19
	Dr. A	NAME (TYPE OR PE		farb,	M.D.	2435 W. B			Balt	o., Md.
	BURIAL, CREMATION SPECIFY) Buri		236. DATE 1/3/	79	Loudon			imore	COUNTY	STATE Md
1	UNERAL DIRECTOR	Henry Road			us & So	ns Co. 250 DA	N 3 1970	RAR 25b. REG	SISTRAR'S SIGNA	0.75

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Henry 100790 3 SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH YEAR MONTH dir 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ONSTRUDION Architec GIVERESIDENCE BEFORE ADMISSIONS 6 113c CH ORTOWN ATOUSVIlle FATHER'S NAME IS MOTHER S MAIDEN NAM MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [210. ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h. TIME OF INJURY Ť ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) - 19 P.M. 21d INJURY OCCURRED 211 LOCATION 0 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that Mi (this haspital) attended the deceased from ond that in (our) opinion death occurred on the date and hour and fram the causes stated sow, the deceased alive on. obove, (I) (we) (did) today view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED 0 ATTENDING MEDICAL STAFF should be detor with the State [IMPORTANT: If DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REGISTRAR 25b. RECISTRAR'S SIGNATURE 24 BUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00332

	REGISTRAR				CEKITI	ICATE OF DEATH	REG. NO	0.		
	ECEASED NAME	FIRST	871	MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
[111	PE OR PRINT)	en jam	in	H	Fo	137	Tanname 1	1. 1979		130
5		CII Jami	4 RACE			OF BIRTH	January 1		NOER I YEAR	IF UNDER 24 HE
	Male			• ,	MONT	H DAY YEAR		MONT		HOURS MIN
4 6	BIRTHPLACE (STATE OR F			ite	MOA	12, 1915	63	YRS	DEATH	
	COUNTRY)	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
	Maryland		U.S.		WIDOWI		Baltimor		У	
0. (CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND C	OF BUSINESS (
	Rastrikx Par	kvill	e 280:	1 Oakcres	t Ave	nue	Ret. Lette			LS. Go
ISL	JAL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE REPORTE GROOM	ADM (SION)			000	<u> </u>	aua Go
)u	Md.	136 COUN	timore	Rack king		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2801 Oak	A.		
. F	ATHER'S NAME			216/25/03/31	02-0	15. MOTHER'S MAIDEN NA	ME ZOOT OAK	crest A	venue	
	Samuel	D'	MIDDLE	Fox		Katherine	WIDDLE	T-4 -	rovid	5T
									LOVIU	•
	WAS DECEASED EVER (YES, NO OR UNKNOWN)			166 SOCIAL SECU		17. INFORMANT	ADDRE			
		yes	WAR OR DATES)	214-10-12	201	Mrs Elsie	E Fox	Sar	ne	
ī	18 CAUSE OF DEAT	H (Enter on	ly one couse ner	line for (o) (b) one	dic			T	APPROX	MATE INTERVAL
	PART I. DEATH V	VAS CAUSE	D BY.		co car	01.0 1.1		8-1	DETWEET	ONSET AND DEA
	1.7	IMMEDIAT	E CAUSE (a)	7,509	a car		area			
	1411-		DUE TO O	R AS A CONSEQUE	NCE OF					
	Conditions, if ony	which		anta		distance	10	100	10	622
	gave rise to im	mediote	(0)_		0-0	Contract C			70	1-2-
	couse (a), statii underlying cause		DUE TO, O	R AS A CONSEQUE	Table				200	cream
	- Coost	103	(c)	1450	ailes	~ 10~			20	7-00-0
,	PART 2 OTHER SIG	NIFICANT	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1	01
CERTIFICATION										
5	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
							YES T NOT	YES	1	NO []
E L	21a. ACCIDENT WAS UN	DERLYING	216. TIME C			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2)	
	OR CONTRIBUTING		TH HOUR A.	M. MONTH DA						
TO COL	(IF EITHER, NOTIFY MEDIC			Μ.	19					
1	21d INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, FA	ARM FTC 1	211. LOCATION STREET	CITY OR TOV	vn c	COUNTY	STATE
-	AT WORK NOT W	ORK					. /			
	22a.1 certify that (1)	(this hasne	(al) attended th	e deceased from	a	my 27 10 31	10 11	10	79	that (I) (we)
	saw the deceas		9/-	19 10	75	nd that in (my) (aur) opinion (death occurred on the de	ate and hour on		
	abave, (1) (we) (did) (did na	t) view the bady	after death.			death occorred on the de	ye one noor on		
	226. SIGNATURE	-	1			DEGREE			22c. DATE	SIGNED
	Palalle	1. 9	Julia		20	ATTENDING PHYSICIAN	MEDICAL STAI			
	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS	3 Divided on the ore			
				MD				LOND BUILD		
	Frankl	ru E.		MD		3501 St. Pa	ul Street	Baltimo	re. I	Id.
30.	BURIAL, CREMATION	REMOVAL	23b. DATE	/23c N		EMETERY OR CREMATORY	23d. LOCATION			
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		1/15,	/79	Dulan	ey Valley	Baltimo	re, Mar	yland	SIAIC
_	Entombment					DATE DATE	E REC'D. BY REGISTRAR	25h DECICTOAD	'C C IC NI AT	TUDE
						230 DAI	L KL L D. DI KEUISIKAKI	ANNICIO IN RELIA	ANDICC	UKE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

IMPORTANT: If hem 21 is morked or Item 18 shows ony

Leonard J. Ruck Inc. Baltimore, Maryland

JAN 1 6 1979

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nding physician and campletely filled in by the carbonpapers. Pages 1 and 2 shauld be filed DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burnal-transit permit. Then please remove carbanapea with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

may be

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00334

		CEASED NAME	FIRST		MDDLE	_	AST		a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
		/	KAT		/	RIE	DMAN		JAN.	21,	1979	94	PM
	3. SE		1.0	4 RACE		5 DATE C	DAY YEAR	R 6	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS /	MIN
	la RI	FEMALE RTHPLACE ISTATE OR FO	DREIGNI	WHIT:	WHAT COUNTRY?	SEPI	15, 1901	_	77 BALTIMORE CITY O	YRS	TY OF DEATH		
L		MARYLAND	NE IOIA	USA	VIIAI COUIVIRI;	MARRIEL	NEVER MARRIED		BALTIM	_			
	10 €1	TY OR TOWN OF DEA	чтн	11. NAME OF		G HOME C	R OTHER INSTITUTION	v 1	20 USUAL OCCUPATI	ON	12b. KIND C		S OR
5		RANDALLSTO		BALTIMO		GENE	RAL HOSPIT		HOUSEW.		AT HO	OME	
35	13a S	AL RESIDENCE (IF NURS STATE IARYLAND	BALT	ITY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN OWINGS MI	1	13d INSIDE CITY LIMITYES NO [X		3e STREET ADDRESS 4 TAHOE	CIR.,	APT. A	#21	1117
20	14. FA	MEYER		MIDDLE	SACKS		is mother's maide LEA		WIDDIE		UNKNOW	\	
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	215-05-		SHELDON F	FRIE	OMAN 1037		REE LA.	#2120	08
Ē,		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	E CAUSE (a)	line for (o), (b), ond	fara	liogulm	ma	y avres	Y	APPROX. BETWEEN	MATE INTERVA	Атн ХО
		Conditions, if any, gove rise to imm couse 101, statin underlying couse	nediote g the	(b)	AS A CONSEQUE	7 Erl	Wisibe a	Nau	pselhotie	CV.	D-74R	erra	
	MOIT			00 ia	butes,	Mur	Chlus.	TERMIN					
9	CERTIFICAT	190 DATE OF OPERAT		196 CONDI	TION FOR WHICH O	JPERATIO	N WAS PERFORMED		YES NO	IN CERT	es, were findin Ifying causes Yes []		?
9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC)	AUSE OF DEA	TH 21b. TIME OI HOUR A.M	A. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	, PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURR		21e. PLACE C		RM, ETC.)	211. LOCATION STREET		CITY OR TOV	VN	COUNTY	STAT	/E
		22a.1 certify that ()	(this hospi	Van	15 197	9.00	d that in (my) (aux) op	oinion de	oth occurred on the de		, ,	that (I) (we	
		Obove (IV)	OK.	view the body	en u		DEGREE ATTENDII PHYSICI	NG W	MEDICAL STAI	FF	22c. DATE	SIGNED	79
1		SAMUEL		R PRINT)		9,	22e ADDRESS	1	HEIGHTSAL		BALTIMOR	E, Mel	20
	23a. B	URIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	JAN. 23,	1979 1979 OF	AME OF C	AKOV-BETH	rs'ra	et Balfimo	RE	COUNMARY	LANDATE	
	24 FL	JNERAL DIRECTOR	30L L	EVINSON	G BROS.,	INC.	256	a. DATE	REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNAT	URE	
			STERS	ro@wn RI	D, BALTO	., MD	21215	IN 3	0 1979	frist	rayhals	ody	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the

	.It	ems 5 and 6 g52	27 1/18/	79 gj	STAT	E OF MARYLAND			
- 1./	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYD	GIENE 79	-00335	
4		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR 25 HO	OUR
moy be . page 3		ANNIE			GALLE	ER	JAN. 6,19	79 4:4	5 PM
	3. SE	X	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		DER 24 HRS 5 MIN.
Page 4 director hours of		FEMALE	WHITE			23,1904	74 76	YRS.	MIN.
deoth Po	7a. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY) POLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW!	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH COUNTY	MD.
50 et 19 90		KESVILLE	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET / LLE NURS I	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O HOUSEWIFE		NESS OR
AND 212 AND 212 n 24 hour fulled in hould be	13o.	AL RESIDENCE (IF NURSING HOME O STATE 13b, COUI		BALTIMOR	N	13d INSIDE CITY LIMITS?		NTH RD. (21215))
MARYL omplerely ond 2 s	14. F.	ATHER'S NAME FIRST SAMUEL	MIDDLE	BRONSTE IN	J	15. MOTHER'S MAIDEN NA PIRST NECHUMA	MIDDLE	UNKNÖWN	
ORE,		WAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	(2120)	
TIMO S. Poo		NO		215-30-35	561B	SAMUEL GALLE	R 11 WARREN	PARK DR.APT. (
1 W. PRESTON ST., BAI thot the deoth certificate by the ottending physici tose remove corbon papes of remotion, or removal, r other traumatic event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	TE CAUSE (0) DUE TO, O	R AS A CONSEQUE	TE SE	scv 2		APPROXIMATE IN BETWEEN ONSET A TRANS	The second secon
equires to signed Then ple rate burner injury, on	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
AL RECORDS, The law require too. The law require too. The permit There prior to be too.	CERTIFICATION	19a DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOTE	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \rightarrow NO	ATH?
DIVISION OF VITAL NG PHYSICIAN: The other this certificate has the buriol-tronsit put on the mond Mental Hygier hand Mental Hygier price or feet 18 show		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
NVISION NG PHYSt ottending frer this ce us the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n county	STATE
A ATTENDIN RECTOR: Aft red for use or pt. of Heolth em 21 is mor		22a I certify that (I) (this book saw the deceased alive an above, (I) (we) (did) (did no	4	un 219	791	od that in (my) (por) opinion	death occurred on the do	te and hour and from the couses	stoted
OR he he ho DIRE		276. SIGNATURE	2 /h	elcha	i,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		19
TO HOSPITAL TO FUNERAL should be det with the Store		27. PHYSICIAN'S NAME (TYPE C	PRPRINT)	MATCO	HAK	363 5-C	Old Con	it Ref.	
	23 a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
772 (BP		BURIAL	1/7/			RE HEBREW CEM	. REISTERS	TOWN MD.	-
DHMH - 16 50M 1/76		UNERAL DIRECTOR		6010 REI		TOWN RD. 250. DA	TE REC'D. BY REGISTRAR	256. RESTARS PROPER	4
(VR A 15 (4))		SOL LEVINSON &	BROS.	BALTIMORE	,MD (2	1215)	N 8 1979	· / v	

1	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG	9-01	0336	
	CEASED NAME	FIRST	A	NDDLE	Ł.	AST	20 DAY OF BEATH	MONTH D	AY YEAR	26. H998
(14P	E OR PRINT)	Ella	C		Gal	vin	1/18/79			8/45 A. N
3 SE			4 RACE		5. DATE C		AGE IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	А	MONTH	12 1883	95	YRS.	ONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE C	R FOREIGN		WHAT COUNTRY?	1		1 BALTIMORE CITY		OF DEATH	
	faryland		U.S.A	•	WIDOWE	DINEVER MARRIED DIVORCED	Baltimor	e Coun	ty	MD
10.0	Towson	DEATH	IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET Maris HO	ADDRESS)	R OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Teacher			OF BUSINESS OR
13a.	AL RESIDENCE IFF STATE LTYLAND	IURSING HOME OR 13b COUN		GIVE RESIDENCE REFORM 13c CITY OR TOW Baltime	/N	134. INSIDE CITY LIMITS?	13. STREET APDRESS 1524 Take	side A	ve. 212	218
14. F.	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	10-	itzgers	51
160	Michae:		F.	Conno		Mary 17 INFORMANT	ADDI		rezgera	IId
	YES, NO OR UNKNOWN)		WAR OR DATES)	220-44-1		Stella Maris			ev Vall	ley Rd.
	18 CAUSE OF DE PART I. DEATH	WAS CAUSE	ly one couse per D BY: E CAUSE (0)	line for (a), (b), an	grafin	Asof Foile			BETWEEN	Month
			(p)	AS A CONSEQUE		who Cordin	Verseche Di	יצעוני		
L			CONDITIONS CC	INTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART 10	01
No.										
CERTIFICATION	190 DATE OF OPE	RATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	WERE FINDING CAUSES	
	21g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEA		M. MONTH D	AY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PA	RT I OR PART 2)	
MEDICAL	21d INJURY OCC	URRED T WHILE WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
-	22a.t certify that sow the dece abave, (1) (we	osed alive on		/18 // 19	79 or	d that in (my) (our) opinion	to	date and have		that (I) (we) lost causes stated
	276. SIGNATURE			4		ATTENDING PHYSICIAN		AFF	1/2 DATE	SIGNED 18/79
7	228. PHYSICIAN'S	NAME ITYPE OF	R PRINT)			22e ADDRESS			1	

73c NAME OF CEMETERY OR CREMATORY

New Cathedral

Cemeter

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR. , should be detoched for use with the State Dept of Hea

MPORTAL

24 FUNERAL DIRECTOR
MITCHELL WIEDEFELD HOME 6500 York Rd

236. DATE

20.1979

Eddie Nakhuda

23a. BURIAL, CREMATION, REMOVAL

Burial

73d LOCATION CITY OR TOWN Baltimore Md. STATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN 23 1978

1205 York Rd. Lutherville, Md. 21093

Encircle!

-7

ector, page 3

in signed by the attending physician and campletely filled in by the fu. Then please remave carbanpapers. Pages 1 and 2 shauld be filed with

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

10 FUNERAL DIRECTOR: After this certificate has been signed by

or offending physician

etained by the haspital

BP

medicolegam

injury, or other troumatic

Suy

MPORTANT: If Item 21 is marked ar Item 18 shaws

CERTIFICA

MEDICAL

24. F

	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG		. 7.9 - (0033	1
		CEASED NAME E OR PRINT)	Grace		ent G/	AMBRILL	AST		January	H MONTH	DAY YEAR	26 HOUR 8:00P
1	3. SE	x Female	4	RACE Whit	e	S DATE C		VEAR 02	6. AGE (INYEARS LA	ST BIRTHOAY) YRS.	MONTHS DAYS	IF UNOFR 24 HRS HOURS MIN.
	. C	IRTHPLACE (STATE OR FOUNTRY) Marvland	OREIGN 7	USA	WHAT COUNT	RY? 8 MARRIE WIDOWE	_	MARRIED	9 BALTIMORE CI Balt	TY <u>or</u> count imore Co		MD.
7	175	ossville	ATH 1	(IF NOT IN SUCI	FACILITY, GIVE ST	RSING HOME C TREET ADDRESS) Quare			120 USUAL OCCU	OST OF WORKING LI	FE) INDUSTRY	aking
5	13a S	AL RESIDENCE (IF NURS STATE aryland	136 COUNT	Υ	13c. CITY OR T			CITY LIMITS?	13e. STREET ADDR 10416		t Farm	Lane
20	14. FA	ATHER'S NAME FIRST Richar		DOLE	vin	cent	15 MOTHER E11	'S MAIDEN NA	ME Oli		Le	ague
1		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE V			ECURITY NO. 8-7594	D Cha		. Gambr	ill 10	GUZZI	
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE		Cardi	o-respi	ratory	arrest			BETWEEN	MATE INTERVAL DINSET AND DEATH
		4280 Conditions, if any		DUE TO, OF	as a conse ongest	OUENCE OF hea	rt fai	lure; r	enal fail	ure		
		gave rise to imit cause (a), station underlying couse	ng the	DUE TO, OF	R AS A CONSE	OUENCE OF						
	NOI	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION GIV	VEN IN PART 110)

190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE

22a.1 certify that (this haspital) attended 10 deceased from 79 saw the deceased alive on above, (we) (did) (common view the bady after death and that in (aur) opinion death occurred on the date and hour and from the causes stated

22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

23(NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE

9000 Franklin Square Drive 23d. LOCATION

Baltimore

Burial	1/13/79) Cam	p Chape				11 Balti	872
FUNERAL DIRECTOR Lassahn Funeral	Home	ADDRESS 7401	Belair	Road	250. DATE REC'D	1 7 1979	REGISTRAR'S SIGN.	AT (IRELAN

DHMH - 16 50M 7/77 (VR A 15 (4))

and the first property of the same of the

STATE OF MARYLAND 79-00338 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 158 January 6, 1979 3 SEX A RACE IF UNDER 1 YEAR Female. White IN BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md IISA WIDOWED DIVORCED [Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pikesville. Pikesville Nursing Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland YES 1 Baltimore 2500 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MAURICE FIRST MIDDLE Fluegel Hannah Lewald ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 3714 Menlo Drive 21215 212-07-6987 D Mr. Maurice APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 0 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOF burial-tronsit Mentol Hygie 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE 22a I certify that (1) (this hospital) attended the deceased from_ 2.20 saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) two-tord (did not) view the body after death 226. SIGNATUR DEGREE 22c. DATE SIGNED = ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS should be 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial Jan 8/79 BP Baltimore Hebrew 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Sol. Levinson & Bros. 6010 Reisterstown Rd

The efficiency of the control of the to face of the second looky grant of the ALL-62-706 Carles a main 1050 Maldola Coro-53-415 . It were an an in the state of the state of

and the state of t

20. DATE OF DEATH I. DECEASED NAME MONTH (TYPE OR PRINT) E. PATRICIA GENSICKI 10 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) MONTH YEAR DAY Female White 29 1940 6 70 BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Baltimore County WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Edgemere 2916 Ritchie Avenue Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Edgemere 2916 Ritchie Avenue NO X IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Benedict Wisniewski M. Estelle ADDRESS 2916 Ritchie Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-38-8844 Leon A. Gensicki No Balto.MD 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 à Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [the burial transit 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH BAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211, LOCATION 0 71d INJURY OCCURRED 71e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a. | certify that (I) (this because), attended the deceased from DIRECTOR sow the deceased olive on. , and that in (my) (ear) opinion death accurred on the date and hour and from the couses stated obove, (1) (and) (did not) view the body ofter death 22b. SIGNATURE ATTENDING = MEDICAL STAFF TO FUNERAL E should be deter with the State D DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: PHYSICIAN'S NAME (TYPE OR P. 77e ADDRESS 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE Baltimore, Maryland BP Cremation Green Mount

- STATE

REGISTRAR

24 FUNERAL DIRECTOR Duda-Ruck,

7922 Wise Avenue, Dundalk, MD

DHMH - 16 50M 7/77 (VRA 15(4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21222

7h HOUR

HOURS

17h KIND OF BUSINESS OR

Bogoslawska

21219 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. RECISTRAR'S SIGNATURE

22c. DATE SIGNE

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS

INDUSTRY

FOR STATE

page 3 er deoth

within 24 hours ofter

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00342

۱	1 -	REGISTRAR				CERTIF	ICATE OF DEA	TH	REC	, NO.	-000	
		CEASED NAME	FIRST	ELECTRIC ST	WIDDLE		AST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
		HA	RRY		W.	G	ERKE		JANUARY	10,	1979	9:05Pm
	3. SEX	Х.		4 RACE	1	S. DATE C	DAY .	YEAR 902	6. AGE (INYEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
-		RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8 MADDIE	D X NEVER MARI	RIED [9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
H		N		usi	4	WIDOWE			BALTIN	ORE	COUNTY	MD.
8		TOWSON (IF NOT IN SUCH FACILITY, GIVE: ST. JOSEPH			INFACILITY, GIVE STREET	HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY + STATE						tation
5	USU/ 130. S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY L	A.	13e STREET ADDRE		11 Ave	
30		THER'S NAME FIRST	yw'	MIDGE LEVEL 11	LAST		15 MOTHER'S MA	LOUL	se Lorlin		LA	SI
1		VAS DECEASED EVER (res, na drunknown)		MED FORCES? WAR OR DATES)	217-16-60	RITY NO.	17 INFORMANT	mily)	Riz cerus	DRESS		
H		18 CAUSE OF DEATH			line for (a), (b), and	d (c).1		5	1		BETWEEN	CIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		DBY: E CAUSE (o)	Carc	in	oma	01	lline	?	>	14r.
		1629		DUE TO, O	R AS A CONSEQUE	NCE OF		0				
		Conditions, if any,		(b)_								
		gove rise to imm couse (a), stating underlying couse	g the	DUE TO, OF	r as a conseque	NCE OF						
	NO	PART 2. OTHER SIGN	IIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN PART 1	(01
2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CER	YES, WERE FINDE	
3	CER	210. ACCIDENT WAS UND				VEAD	21c. HOW INJURY	YOCCURRE	D (ENTER NATURE OF	_		
	CAL	OR CONTRIBUTING C		TH HOUR A.	M. MONTH DA M.	19						
	MEDICAL	21d. INJURY OCCURR	ED ILE	21e PLACE			21f. LOCATION STREET		CITY OF	TOWN	COUNTY	STATE
		220.1 certify that (X) saw the decease above, (X) (we) (di				Janua 79	ary 10 1	9 <u>79</u>) opinion de	, to Janua eoth occurred on th			that K (we) last
		226. SIGNATURE	01/00/10	I I I I I I I I I I I I I I I I I I I	Oner dealin.	WAS	DEGREE				22c. DATE	SIGNED
		MHC	0	will	eu mo	,	ATTEN PHYS	NDING DICIAN	MEDICAL PH	SICIAN [Jan.	11, 1979
1		A.H.	ME (TYPE OF	PRINT) 41LA	DI	Town	7401	05	LER	Dni	Towser	,21204
	23a. B	URIAL CREMATION, F	REMOVAL	23b DATE	-74 23c N	1- /	EMETERY OR CREM		23d. LOGATION	Co	COUNTY	STATE
	1	INERAL DIRECTOR	INERS	11	2 8800 1	Vanto	so Ro		REC'D. BY REGISTE	AR 25b. REG	ISTRAR'S SIGNA	TURE

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be I with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examin

79-10343 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 3 SEX 4 RACE (IN YEARS LAST BIRTHDAY) TE CITIZEN OF WHAT COUNTRY? O BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY PRESTON Conditions, if any, which gove rise to immediate couse (o), stoting 3 oth underlying couse lost. 201 .5 b e DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 196 COND 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF NO I Hygier YES [certificote CIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL -(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 50 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on, , and that in (my) (exc) apinion death accurred on the date and hour and from the causes stated DIRECTO obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ould b Francis Avenue, Badto, Maryland 1264 A. Bradley Daugharthy, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BP 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 ADDRESS

(VRA 15 (4))

STATE OF MARYLAND

Betty Jean Gibbs SEX [4, RACE [5, DATE OF BIRTH		REGISTRAR		MEI	DICAL EXAM	INER'S		CATE	OF DE	ATH	REG. N	UU	347	
Betty Jean Gibbs 1 SEX FREE SATE of BRIT 1 SAGE (FRETAIN FUNDER 24 HBS.) The DATE DATE			E FIRST	Y-3-1	MIDDLE		LAST			OF	ECTI.		DAY YEAR	26. HOU
The BRITHPLACE ISPATE OR POPELLY 1, 39 39 YES MARRIED DAYS MOUNT MARRIED DAYS MARRIED M										DEATH	MATED X	ed to		
Pemale White Aptility, 39 39 yes. Patting (1) and (1				MONTH DAY	YEAR LAST B				ER 24 HRS.	PRONOUN	NCED	нтиом		11:3
MARRIED NEVER MARRIED NE						YRS.								9 ~
18. CITY OR TOWN OF DEATH		OREIGN COUNTRY)								7. DALTIM				
Woodlawn State Dogwood Road										UAL OCCU				BUSINESS
NO STATE PART DITHER SIGNHICANT COMDITIONS CONTRIBUTING TO SEARCH STATE DITHER SIGNHICANT COMDITIONS DITERUTING DOWN AND AND STATE DITHER SIGNHICANT COMDITIONS DITERUTING DOWN AND STATE DOWN DOWN AND STATE DOWN AND S				(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDR	ESS)							OR INDU:	STRY
15. MOTHER'S NAME NOTE N	13o.	STATE	136 COUNT	R OTHER INSTITUTION, GI	134. CITY OR TOV	MISSION)				REET ADDRE	SS			
Test Dock Ralph Gibbs Mary Lola Stone				timore	MoodT	awn	-)ogwo	od F	Road	
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 ON SO O'UNGNOWN) (18 YES, CORT WAS ORDANES) 186 SOCIAL SECURITY NO. 171 INFORMANT ADDRESS 31639 Mary I. Stone Rt. 2 Nashville, Ga Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary I. Stone Rt. 2 Nashville, Ga APPROXIMATE STEEN Mary II. Stone Rt. 2 Nashville, Ga	14,	EMRST		MIDGLE	LAST	la a	F	FIRST	IDEN NAM	N				
No	16-									با(5 04		e
18. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Acute meprobamate intoxication Acute meprobamate intoxic		YES, NO, OR UNKNO			100. SOCIAL SEC	OKITINO,		_	0+4	no Da		Mag1	1039	0-
PARTIDEATH WAS CAUSED BY: MAMEDIATE CAUSE (a)			EDEATH (5 : :		1		mary	م ل	oto	ne K	۷. ۲	wasr	IVITTE	ATE INTERVAL
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AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an _Autapsy X, _Inspection, _Inquiry, _ and in my apinion,	z		ONIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT KELATED TO THE	TERMINAL DISEA	SE OK COMPILIO	N GIVEN IN	PAKI 1 (0),					
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220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my apinion death resulted fram: Natural causes I, Accident I, Suicide X, Hamicide I, Undetermined manner I, TITLE (SPECIFY) ACTUAL SIGNATURE Margarita Korell, M.D. Assistant MEDICAL EXAMINER SIGNED 1/29/79 EXAMINER'S NAME (TYPE OR PRINT) Margarita Korell, M.D. ADDRESS 111 Penn St. Balto., MD. 230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Pens St. Balto. County STATE Long Bridge Cemetery Berrien County Georgia	ME				TORY, FARM, ETC.)			ot.	Dog	CITY OR TO	d. Be	1 to	Balto-	CO STATE
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner , ACTUAL SIGNATURE		AT WORK	AT WORK											300
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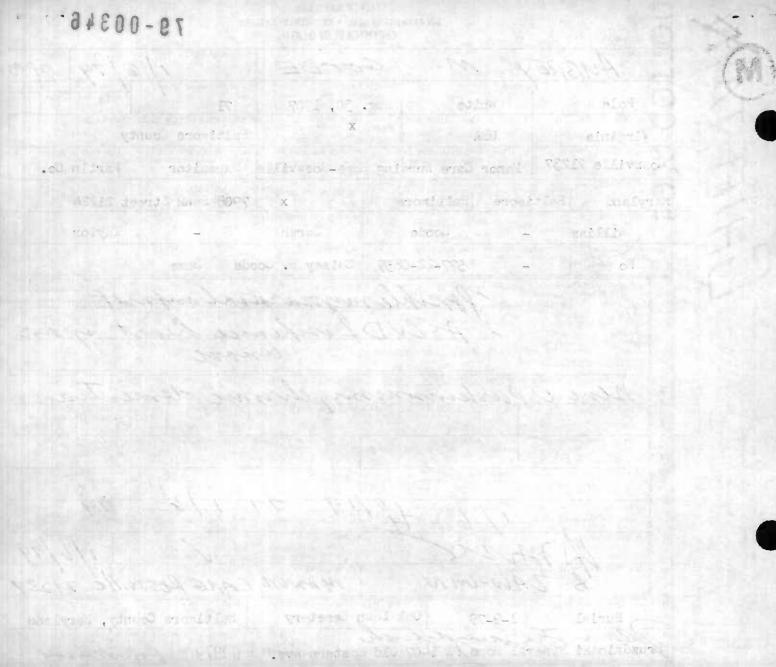
STATE OF MARYLAND							
DEPARTMENT	OF HE	ALTH .	AND I	MENTAL	HYGIE		

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT ICATE OF DEAT		0.	9 - (03	4 3		
	I. DEC	CEASED NAME PIRST	_	DDLE	7	AŞT		20. DATE OF DE	ATH MON	TH DAY	YEAR	26 HOUR	-/
,	2 051	KOSE	T	6	146	JEN		JAN,	7,17	19		123	PM
,	3 SEX		4 RACE WHI'	re	5. DATE C	C. 25, 189		6 AGE (IN YEARS		MON	HS DAYS	HOURS M	HRS
	7a BI	FEMALE RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8			9 BALTIMORE		YRS.	Y OF DEATH		
5	CC	MARY LAND	USA	The time	WIDOWE	NEVER MARRI	ED U		TIMOR				MD
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5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULT	ROTHER INSTITUTION, C NTY	BALTIMO	V I	134 INSIDECITY LIV YES XX NO		7016 PA	RKS HT	APT. S. AV	I-C E. #	21215	
2	14 FA	THER'S NAME SIMON	M .	LAST	BANK	15. MOTHER'S MAII	ASHA		IDDLE		BANK	ī	
2	16a W		MED FORCES?	16b SOCIAL SECUP		17. INFORMANT		IDEN 7	ADDRESS	TITT Y	DD	#2120	00
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)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE			h-m	OR PART 2)	поп	
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		22a I certify that (1) (this hosp sow the deceased alive an abave, (1) (we) (did) (did no	814	19	an an	d that in (my) (our)	opinion di	eath occurred o	n the dote a	nd haur on		that (I) (we) causes stated	
		Mult/C	eun	1	(DEGREE ATTEN		MEDICAL DIRECTOR	STAFF PHYSICIAN		L CO	SIGNED	
1		228 PHYSIGIAN'S NAME (TYPE OF	ROOPN	ICK		8726	Lis	ERTY	PLA.	zA,	MA	U.	
	(5	BURIAL, CREMATION, REMOVAL	JAN. 11	,1979 A		EMETERY OR CREMA	ATORY	23d LOCATION CITY OF TO BALT	WN	cou	MARY	STATE	
	24 FL	NAME 6010 DELCTEDOT		& BROS.,	INC.		JAN	1 2 1979	STRAR 25h		SAGNAT		

DHMH - 16 50M 1/76 (VR A 15 (4))

6010 REISTERSTOWN RD. BALTO MD 21215

STATE OF MARYLAND



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Raven

E. Johnson

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND 79-00347 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

IF UNDER I YEAR

INDUSTRY

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Deveron Rd

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COUNTY

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22c. DATE SIGNED

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- 5	TATE		DEPARTMENT OF I					7.9	-01	0348	
DEC	EASED NAME FIRST	,,,,,	WIDDIE		LAST	TE OF DEA	20. DATE KN		MONTH	DAY YEAR	Zh HOU
(TYPE	Oliver	8		Gree	n		OF E	STI-	1	17 1976	715
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a. BIF	THPLACE (STATE OR								COUNTY	OF DEATH	1/-3/
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ICATION	190. DATE OF OPERATION							188		20. AUTOPS	?
AL CERTIF			MONTH DAY YEAR	21c. HC	OW INJURY OC	CURRED LENTER	NATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART	YES 🗆	NO 🗆
MEDIC	214 INJURY OCCURRED	21e. PLACE C	OF INJURY (AT HOME,				CITY OR TOWN		COUN	1 TY	STATE
		rge of the remains des		Autap	Hamicide	Under	Inquiry 4		in my apir	nian	
	BICAL CERTIFICATION	SEX Male Male Mitte Male Mitte Mitte	SEX ALE White Aug. 10. G. BIRTHPLACE (STATE OR POREIGN COUNTRY) MANUAND D. CITY OR TOWN OF DEATH SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIR STATE WILLIAM I. FATHER'S NAME FOREIGN COUNTY MANUAND SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIR STATE WILLIAM II. NAME OF HOS (IF NOT INSUE THE INSTITUTION, GIR STATE WILLIAM III. NAME OF DEATH III. NAME OF HOS (IF NOT INSUE THE INSTITUTION, GIR STATE WILLIAM III. NAME OF DEATH III. NAME OF DEATH III. NAME OF DEATH III. NAME OF ORCES? (IF YES, GIVE WAR OR DATES) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate couse (o) storting the underlying cause lost. III. CAUSE OF OPERATION III. DEATH OF OPERATION III. DEATH OF OPERATION III. DEATH OF OPERATION III. DEATH OF OPERATION III. NAME OF DEATH III. NAME OF DEATH III. NAME OF DEATH III. NAME OF OPERATION III. NAME OF DEATH III. NAME OF D	SEX Male White Aug. 10, 1912 66 AGE (IN YEAR Aug. 10, 1912 66 YE BIRTHPLACE (STATE OR FOREIGN COUNTRY) MANUANA D. CITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING AND	ALCE White Aug 10, 1912 66 AGE (IN YEARS IF UNANTH DAY YEAR AUG 10, 1912 66 YRS.) Male White Aug 10, 1912 66 YRS. MARRI WIDOW MARYLAND II. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY GIVE STREEL ADDRESS) MARRI WIDOW MARYLAND III. NAME OF HOSPITAL, NURSING HOME, OR OTH MILE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. NAME OF HOSPITAL, NURSING HOME, OR OTH MILE AUG 11 AUG 11 AUG 11 AUG 12 AUG	SEX 4. RACE White S. DATE OF BIRTH YEAR ACT WHILE ACT OF A SECURITY NO. 1912 (AST BIRTHORY) MONTHS DAYS HOLD AND AND AND AND AND AND AND AND AND AN	SEX White Note of BIRTH YEAR LOS DATE OF BIRTH YEAR LOS DRIVEN TO THE TERMINAL DISEASE OR CONDITION OF DEATH STREET OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIVERS DATE DATE DATE DATE DATE DATE DATE DATE	SEX 1. RACE 1. DATE OF BIRTH YEAR 1. AGE IN YEAR	SEX RACE SDATE OF BIRTH YEAR A. AGE IN-YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE PRONOUNCED DEAD NR. AUGUST MOVIES MIN. PRONOUNCED DEAD NR. MOVIES MIN. MOVIES MI	SEX RACE S.DATE OF BIRTH TABLE S.DATE OF BIRTH TABLE S.DATE TABLE S.DATE	SEX RACE White Whi

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00349

21	1-	FOR STATE REGISTRAR			DEPART		EALTH AND I		TENE 79-00349				
		CEASED NAME	FIRST	A	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. H	OUR
1	(ITPE	Charlott	e	Ali	20	Grim	AC	1.22	1/30/79			12	:45PW
	3. SE			4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEA	R IF UN	DER 24 HRS
		Female		Whit	е	MONTH OC		1924	54	YRS	MONTHS DAY	HOU	RS MIN.
1		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVERA	ADDIED []	9 BALTIMORE CITY		Y OF DEATH		
15		laryland	1000	U.S.A		WIDOWE		ORCED [Baltimore	Count	cv		MD.
-	10. CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		R OTHER INST	ITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	17b. KIND		INESS OR
6		owson		GBMC, 6	701 N. C	harles	St. 23	204	Clerk	G			y Co.
00	USUA 13a S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFO		13d INSIDEC	ITY LIMITS?	13e. STREET ADDRESS			1	
20	Ma	ryland	Carro		Westmir		YES 🗌	NO 💢	3143 Syke		e Road	58.	
111	I4 FA	THER'S NAME	^	AIDDLE	LAST			MAIDEN NAM	AE MIDDLE		Talle,	AST	
66		Herbert		A .	Runkle	es	Lo	ttie	May	7	Car	ole	
4	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 S				166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADD	RESS			
1	(Yes, No Orunknown) (Fyes, Give war or Dates) 215 20 7568 Leo R. Grimes Same as # 13												
		18. CAUSE OF DEAT	H (Enter on	y one couse per	line for (a), (b), a	nd (c .)					APPRO BETWEE	NONSET	NTERVAL AND DEATH
		PARTI DEATH WAS CAUSED BY Cancer Cachexia											
		Conditions, if any, gave rise to improve to state	nediote	(b)(as a consequence are a consequence as a	atosis							
		underlying couse			Generali		mphoma						
	NOI	PART 2. OTHER SIGN	NIFICANT C					TO THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART	1(0)	
2	CERTIFICATION	190 DATE OF OPERA	TION	195 CONDI	TION FOR WHIC	n for which operation was performed			200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSI 'ES	S OF D	SED EATH?
9		710. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	1 110110 4	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18.	PART 1 OR PART 2	4	
	MEDICAL	WHILE NOT WE AT WORK	HILE 🗀	21e. PLACE ((AT HOME, STR					CITY OR TOWN COUNTY			STATE	
	7	22a.1 certify that (1) sow the decease above, (1) (we) (c					06/79 ad that in (my)	, 19 (our) opinion o	to 1/30, death occurred on the				l) (we) lost s stated
		276. SIGNATURE	11	Olleo	1			TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DA1	30/	779
1		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)	COPPLE		22e ADDRES	S		11.5			
/				Raju, M.	D.		GBMC,	6701 N.	. Charles	Street	21204		
	230. E	BURIAL, CREMATION,	REMOVAL	236. DATE	23¢	NAME OF C	EMETERY OR C		23d. LOCATION		COUNTY		STATE
		Burial	(2/2/19	79 De	er Par	rk Ceme	tery	Westmins	ster	Carrol	L	Md.
	24. FL	UNERAL DIRECTOR	JULIS	254 E.	Main St	t. Wes	tminste	r 250. DATE	REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGN	ATURE	
	Th	omas D. F.	letche				Md.	1	FR 8 18/8	ja	stry M	else.	ody

DHMH - 16 50M 7/77 (VR A 15 (4))

Oct. 27 1,211 11 ow le arland. Esquestrated in 2- Westernam and Maria Clerk the office of the state of the eriest . karles loutie : : le (11 20 7 63 Teo . Pinus amous 13 na paper a court urial 2/2/1979 cer 'er de le roll '. cors. Noter on terms of FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00350

1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG	G. NO.	330	
	ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEAT		YEAR 2b. HC	OUR
1"	May	10n Lo	uise la	1055	51 7 5	Jan 25)	1979 N	100 M
3. SE	x Female	RACE	5. DATE C		6. AGE (IN YEARS LAS	MONTHS		DER 24 HRS
	SIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	- 9. BALTIMORE CI	TY OR COUNTY OF DE	EATH	
	ew Jersey A	USA	WIDOWE		□ Baltinh	port county		MD.
10.0	Randallstown		LITY, GIVE STREET ADDRESS!	or other institution		IPATION/ OST OF WORKING LIFE) IN[L KIND OF BUSIN	NESS OR
130.	DAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT Maryland Balti	Y 13c	residence before admission) CITY OR TOWN Lto 1 100	13d INSIDE CITY LIMITS	3 STREET ADDRESS 3 3 5 /	iss Nenny View	U Dr.2	1207
14. F.	ATHER'S NAME	DDIE	LAST	15. MOTHER'S MAIDEN	NAME	nie /	TAST	
1	William L. Sa	dler				abeth Still	lwell	14.74
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE W		SOCIAL SECURITY NQ.	17 INFORMANTMY.	William Gr	OSS OSS		
	NO NON	E 21	8-18-9080	8335 Merryv	iew Dr. Bal	to. Md. 21:		
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line f	or (o), (b), and (c).1			SATE OF	APPROXIMATE INT	ERVAL ND DEATH
	IMMEDIATE		neumon	ia				
	11.29	DUE TO OR AS	A CONSEQUENCE OF	'S	-			
	Conditions, if ony, which	BY	onchos	ruc ca	reinoma	7		
	gove rise to immediate	(0)						
	underlying couse last	DUE TO, OR AS	A CONSEQUENCE OF					
		(c)						
NO	PART 2 OTHER SIGNIFICANT CO	inditions <u>contr</u>	IBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR C	CONDITION GIVEN IN	PART 1(0)	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WER IN CERTIFYING	E FINDINGS US CAUSES OF DE	ED ATH?
] #					YES NO		NO	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY OC	CURRED (ENTER NATURE OF	INJURY IN ITEM 18, PART 1 OR	PART 2)	H
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY O	OR TOWN CO	UNTY	STATE
	220.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not)	Jun 25.	19 7-9 ,01	nd that in (my) (our) opin	on death occurred on the		/	(we) lost stoted
	226. SIGNATURE	Ma.		DEGREE M DATTENDIN PHYSICIA	G MEDICAL N DIRECTOR PH	STAFF	1/25	79
	22d. PHYSICIAN'S NAME (TYPE ORP	A.L	evila	711 W.	4 OthSt.,	Balto, 1	MD, 21	211
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION	COUNT	Y	STATE
	Burial	1/29/79	Druid R	idae Cemete				
24 F	UNERAL DIRECTORING By	ers Funon	Thomas rector	2 P A 250.		RAR 256. REGISTRAR'S	SICHAJUTE	Les
0.	700 7 7	5 7 7 7	A SHOULD TO DO I.	20 1 1 1 1	THIN GO 19/2	holder	11/10000	7

DHMH - 16 50M 7/77 (VR A 15 (4))

8728 Liberty Road

Randallstown

BP.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGII FICATE OF DEATH	ENE 79	-00351	
	I. DECEASED NAME Vernon	Mu	nne //	20 DATE OF DEATH Jan	1 79	S 20. M
	3 SEX Male Male	S. DATE S. DATE MON JUP IZEN OF WHAT COUNTRY? 8.	TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY 9 BALTIMORE CITY OR CO	MONTHS DAYS H	OURS MIN
3	COUNTRY) MASS	LSA WIDOW	(-	Ba 1+a	- Co	MD.
1	10. CITY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 126 KIND OF B	
2	USUAL RESIDENCE (IF NURSING HOME OR OTHER IS 130 STATE ISO COUNTY	NSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	YES NO NO	Cherry	Street	
1	14 FATHER'S NAME FIRST Charles	Mu prell	15 MOTHER'S MAIDEN NAM	MIDDLE	hicko	15
	160 WAS DECEASED EVER IN U.S. ARMED FI (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OF		Mrs. Beere/31	5 Ingleside		ville,Md
	Conditions, if ony, which gove rise to immediate cause iol. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS			20a AUTOPSY? 20		
	00.00	b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	YES NO (ENTER NATURE OF INJURY IN		NO 🗆
		P.M. 19 e. PLACE OF INJURY IT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this hospital) attacks sow the deceased alive an above, (I) (we) did) (did not view 22b. SLOWAT RE	19	, 19 and that in (my) (our) apinion do	, to eoth occurred on the dote o		
	22d HYSICIAN'S NAME (TYPE OF PRINT)	18886 I	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 11-7	79
	HAROLD	1300	7220 F	ark Hey	mos Ar	re-
	(SPECIFY)		cemetery or crematory lvary Cemetery	23d LOCATION CITY OR TOWN Brooklyn	(A.A.CO.)	Md.
	Marshard W. Jones, Purnell B.Oden/4101	Jr. Funeral Home,	1	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	Early

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

REGISTRAR

24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 7a DATE OF DEATH YEAR IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS Glen Arm, Md. 21053 Long Green Pike Shanahan ADDRESS Glen Arm, Md. 21053 Long Green Pike APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 786. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) COUNTY STATE and that in Kak (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY STATE Maryl and Baltimore, Maryland

79-00352 Description of the control of the co

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-00353

1 DE							REG. NO.		
	CEASED NAME	FIRST	Ä	MIDOLE	L	AST	20. DATE OF DEATH MONT		2h HOUR
(ITTE	MA	RY	UNG	ER	HANN	NA	JANUAR	Y 7, 1979	7:15P
3. SE:	X	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24
100	FEMALE		WHITE		NOV.	3, 1888 YEAR	90	MONTHS DAYS	HOURS
	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIEDXX	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	MARYLAND		US	A	WIDOWE		BALTIMORE CO	DUNTY	
10. CI	TOWSON	TH 11	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS	F MARYLAND	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR DOMESTIC	RKING LIFE) 12b. KIND OF	BUSINES
+3a S	AL RESIDENCE (IF NURSI STATE MARYLAND	13b COUNTY HARFO	/	GIVE RESIDENCE BEFORE 134 CITY OR TOWN BEL AIR	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 298 WAKLEY T	ERRACE	
14 FA	ATHER'S NAME	MID	1015	LAST	1 5	15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST	
	THOMAS	ARTH		HANNA		CATHERINE	AMANDA	STINCHCOMB	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		DIX
	NO	(10 103, 0110 11		213-12-00	015	PRESBYTERIAN	HOME OF MD. GEORGIA CT.&		
	18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b), one	d (cl)			APPROXIM BETWEEN O	NATE INTERV
	PART I. DEATH W.	AS CAUSED I		PNOI	MON	1,2		Die	
	underlying cause		((c)	r as a conseque					
TION	underlying cause PART 2 OTHER SIGN	last NIFICANT CO	NDITIONS CO	ontributing to E	DEATH BUT		INAL DISEASE OR CONDITIO		
RTIFICATION	PART 2 OTHER SIGN	last NIFICANT CO	NDITIONS CO	DNTRIBUTING TO E	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? 200 IN	IF YES, WERE FINDING CERTIFYING CAUSES (GS USED
CAL CERTIFICATION	underlying cause PART 2 OTHER SIGN	IOST NIFICANT CO NON ERLYING CAUSE OF DEATH	NDITIONS CO	DNTRIBUTING TO E	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDING CERTIFYING CAUSES (GS USED OF DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING	IOST INFICANT CO FION DERLYING ALUSE OF DEATH AL EXAMINER) RED	19b CONDI 19b CONDI 19b CONDI 19b CONDI 21b TIME OI HOUR A./	ONTRIBUTING TO DE TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 200 IN	IF YES, WERE FINDING CERTIFYING CAUSES (GS USED OF DEATH
	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE NOT WHILE	I lost NIFICANT CO TION CAUSE OF DEATH AL EXAMINER) RED (this hospital and olive on	19h CONDI 19h CONDI 21h TIME OI HOUR A./ 21e PLACE ((AT HOME, STR	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. e deceased from	OPERATIO OPERATIO APPLICATION OPERATIO	N WAS PERFORMED 21t. HOW INJURY OCCURF 21t. LOCATION STREET 19 20 and that in (my) (and opinion of the performance of the per	200 AUTOPSY? 200 IN THE STATE OF INJURY IN IT	IF YES, WERE FINDING CAUSES (YES TEM 18, PART 1 OR PART 2) COUNTY 19 29 11 And hour and from the cause of the cause o	GS USED OF DEATH! NO STATE
	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUNTY 21d. INJURY OCCURR AT WORK NOTHY MEDICA 22a. I certify that (I) sow the decease above. (I) (week (d) 22b. SIGNATURE	ION ION ION ION ION ION ION ION	19b CONDI 19b CONDI 21b. TIME O HOUR A./ 21e. PLACE ((AT HOME, STR) ottended the	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY RET, FACTORY, OFFICE, F. after death.	OPERATIO OPERATIO APPLICATION OPERATIO	N WAS PERFORMED 21t. HOW INJURY OCCURF 21t. LOCATION STREET 19 20 and that in (my) (and opinion of the performance of the p	200 AUTOPSY? 200 IN THE STATE OF INJURY IN IT CITY OR TOWN TO TOWN A CONTROL OF INJURY IN IT CITY OR TOWN TO TOWN A CONTROL OF INJURY IN IT CITY OR TOWN	IF YES, WERE FINDING CAUSES (YES TEM 18, PART 1 OR PART 2) COUNTY 19 29 11 And hour and from the cause of the cause o	GS USED OF DEATH! NO STATE
WEDICAL WEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDICA AT WORK AT WORK 220. I certify that (I) sow the decease above, (I) (I) 22b. SIGNATURE	ION DERLYING ALLEXAMINER) RED HILE ALLEXAMINER) RED HILE ALLEXAMINER) HILL ALLEXAMINER ALLEXAMINER) HILL ALLEXAMINER ALLEXAMINE	19b CONDI 19b CONDI 21b. TIME O HOUR A./ 21e. PLACE ((AT HOME, STR) ottended the	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY RET, FACTORY, OFFICE, F. atter death.	OPERATIO OPERATIO APPLICATION APPLICATION OPERATIO	21t. HOW INJURY OCCURE 21t. LOCATION 21t. LOCATION 31t. LOCATION 51teET 19 20 4 that in (my) (aum opinion of physician) ATTENDING PHYSICIAN (2011)	200 AUTOPSY? 200 IN THE STATE OF INJURY IN IT CITY OR TOWN TO TOWN A CONTROL OF INJURY IN IT CITY OR TOWN TO TOWN A CONTROL OF INJURY IN IT CITY OR TOWN	IF YES, WERE FINDING CAUSES (YES TEM 18, PART 1 OR PART 2) COUNTY 19 29 11 And hour and from the cause of the cause o	GS USED OF DEATH NO STAT hot (I) (we ouses stote

MITCHELL WIEDEFELD HOME 6500 YORK RD. 21212

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detoched far use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygrene priar to burial, cremation, ar remaval.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The

King to I . I thought

#E, 65.00		

1.00		(Beadwall)	EAU! **=1	-141

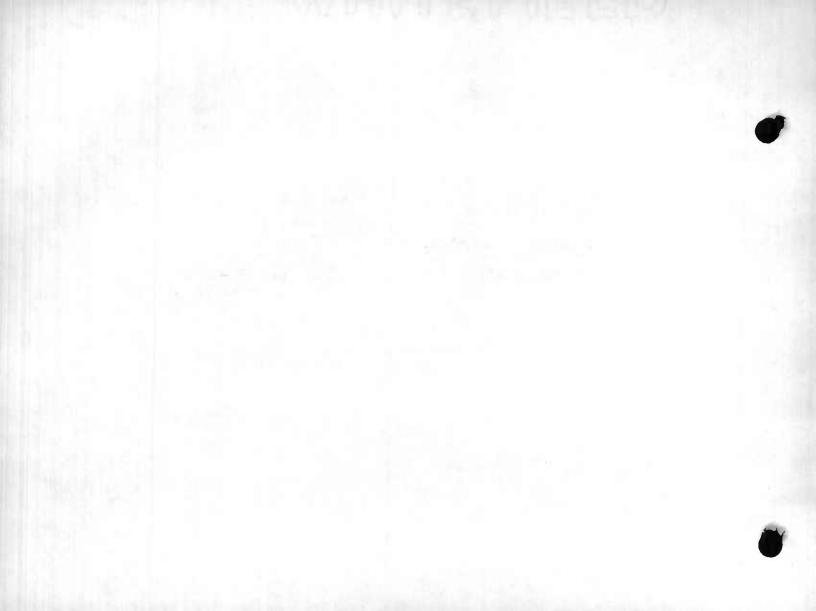
NAME: Abram Hannah

DATE OF DEATH: January 31, 1979

PLACE OF DEATH: Baltimore County

SEE: 79-03041

February, 1979
Baltimore County



1		REGISTRAR	FIRST		MIDDLE	LAST		2,	DATE KNC	WN F	HTMOM	DAY	YEAR	2b. HOU
1	(TYP	E OR PRINT)	Virgi	1 1	Dale	Harris				STI-	1	2 19	70	20.1100
	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDA	- morning pinio	HOURS		C DATE RONOUNCED DEAD		MONTH	DAY	YEAR	2d HOI 9:2
ŀ		ale STHPLACE (ST	White		VHAT COUNTRY?	1		- 9	BALTIMORE	CITYOR	COUNT		9 79	A
ĺ	FQ	Penna.		U.S.A		MARRIED		IED 🛄		_				
ł		TY OR TOWN	OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTIT	DIVORC	-	L OCCUPATION	1timo				INFSS
	C	ockeysy	ville	#3 Ma	rble Court				OST OF WORKING		100	rans	NDUSTR'	1
	13a. S'		13b. COUNT		130. CITY OR TOWN Detroit	13d INSIDE	CITY LIMITS?	13e STREE	TADDRESS 522 B	entl	er			
i	14. FA	THER'S NAME		MIDDLE	1.00	15. MOT	HER'S MAIDE		MIDDLE			LAS		
		Verno	1	MIDULE	Harris	Els	ie		MIDDLE		rnh		01	
Ì	16a. V	VAS DECEASEI	EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFO	RMANT (V	ife)	14	ODRESS.				
-	(1)	Yes	Unkr	10 WN	Unknown	Mr			Harr			troi	t.N	lich
		901 Condition	ATH WAS CAUSED IMMEDIAT as, if any, which the to immediate	E CAUSE (o)	thanol intox RASACONSEQUENCE C	<u>cication</u> OF	& cold	l expo	sure					KNO DE
	NOI	Condition gave ris cause (a) lying cau	IMMEDIAT is, if any, which e to immediate stating the <u>under</u> - se lost. SORIFICANT CONDITIONS C	E CAUSE (o) DUE TO, C (b) DUE TO, O	Ethanol intox R AS A CONSEQUENCE C R AS A CONSEQUENCE C	DF DF			sure					AND DE
	IFICATION	Condition gave ris cause (a) lying cau	IMMEDIAT is, if any, which e to immediate stating the <u>under</u> - se lost. SORIFICANT CONDITIONS C	E CAUSE (0) DUE TO, C (b) DUE TO, C (c) DNTRIBUTING TO DEAT	R AS A CONSEQUENCE C	OF OF INAL DISEASE OR CONDIT	ION GIVEN IN PAI		osure				TOPSY?	
	CAL CERTIFICATION	Condition gove ris couse (a) lying cau PART 2 OTHER SII 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTING	IMMEDIAT Is, if any, which the to immediate stating the under- selost. OPERATION COPERATION COPERA	E CAUSE (0) DUE TO, CO (b) DUE TO, CO (c) 19b. CONE 21b. TIME C HOUR A.	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R BUT NOT RELATED TO THE TERMINATION FOR WHICH OPER A CONSEQUENCE OF INJURY M. MONTH DAY YEAR M. 1/2/1979	OF MAL DISEASE OR CONDIT ATION WAS PERFO 21c. HOW INJUI expose	ION GIVEN IN PAI DRMED?	RT 1 (a).		N ITEM 18 PAR	RT 1 OR PAR	YE		NO [
	MEDICAL CERTIFICATION	Condition gave ris cause (a) lying cau PART 2 OTHER SII 190. DATE OF	IMMEDIAT Is, if any, which the to immediate stating the under- selost. OPERATION COPERATION COPERA	DUE TO, O (b) DUE TO, O (c) 19b. CONE 21b. TIME (HOUR A., PEATH ? P.	R AS A CONSEQUENCE C R AS A CONSEQUENCE C H BUT NOT RELATED TO THE TERMI DITION FOR WHICH OPER/ DEFINJURY M. MONTH DAY YEAR	OF INAL DISEASE OR CONDIT ATION WAS PERFO 21c. HOW INJUI EXPOSE 211. LOCATION STREET	ION GIVEN IN PAI DRMED?	RTI(a). D (ENTERNA		-	COL	YE	TOPSY?	NO [
		Condition gave ris cause (a) lying cau PART 2 OTHER SII 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. 1 certif death resulte ACTUAL	IMMEDIAT Is, if any, which est a immediate stating the under- se lost. OPERATION AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK y that I took charge	DUE TO, O (b) DUE TO, O (c) DISTRIBUTING TO DEAT 19b. CONE 21b. TIME C HOUR A. 21c. PLACE STREET, FA	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF THE TERMINATION FOR WHICH OPERADOR MAN MAN THE TERMINATION FOR WHICH OPERADOR MAN MAN THE TERMINATION FOR WHICH OPERADOR MAN MAN THE TERMINATION FOR THE THE TERMINATION FOR THE TERMINATION FOR THE TERMINATION FOR THE THE TERMINATION FOR THE TERMINATION FOR THE TERMINATION FOR THE THE TERMINATION FOR THE TERMINATION FOR THE TERMINATION FOR THE THE TERMINATION FOR THE TERMINATION FOR THE TERMINATION FOR THE THE TERMINATION FOR THE TERMINATI	DF NAL DISEASE OR CONDIT ATION WAS PERFO 21c. HOW INJUI EXPOSE 21l. LOCATION STREET Marb Autopsy X, cide , Hon	ION GIVEN IN PAI DRMED? RY OCCURRE	RTI(a). D (ENTERNA COld rt n Undeter	CITY OR TOWN Inquiry mined manne	B., and	alti in my op	YERT 2) UNITY MOTE	TOPSY?	NO [
		Condition gave ris cause (a) lying cau PART 2 OTHER SII 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIN 216. INJURY C WHILE AT WORK 220. I certific death resulted	IMMEDIAT Is, if any, which the to immediate stating the under- se last. OPERATION OPERATION IL CAUSE WAS TO CAUSE OF D OCCURRED NOT WHILE AT WORK Ty that I tack charge the fram: Nature NAME NAME	DUE TO, O (b) DUE TO, O (c) 19b. CONE 21b. TIME C HOUR A. 21c. PLACE STREET, FA color of the remains d ol couses (c)	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINATION FOR WHICH OPERATION FOR WHI	DF INAL DISEASE OR CONDIT ATION WAS PERFO 21C. HOW INJUI EXPOSE 21I. LOCATION STREET MAR'D Autopsy X Cide , Hon ATITLE ASS M.D.	ION GIVEN IN PAI	RTI(a). D (ENTERNA COld rt n Undeter	LTURE OF INJURY II CITY OR TOWN Inquiry rmined manne	B., and	alti in my ap DATE SIGNE	YERT 2) UNITY MOTE	TOPSY?	NO [

Leonard J Ruck Inc. Baltimore, Maryland

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

79-00355

IF UNDER LYEAR

INDUSTRY

YES [

COUNTY

Towson Md

Maryland

tipper Malreade

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DAYS

2b HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4546

NO [

STATE

STATE

Restaurant

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Page 4 may be

executed within 24 hours after death.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00356

1	REGISTRAR				CERTIF	CATE OF DEATI	H	REG. I	10.			
	CEASED NAME	FIRST		MIDDLE	i.	AST		20. DATE OF DEATH		DAY YEAR	26 HOU	R
	RA'	YMOND		Jerome	HA	ZS .		JANUARY	19,	1979	2:30) ам
3. SE	X		4 RACE		S. DATE O	0.44	AR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	HOURS	24 HRS MIN.
	Male		Whi		Sept	. 30, 18	399	79	YRS.	MONTHS DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	M NEVER MARRIE	FD 🗆	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
	Maryland		USA		WIDOWE			BALTIMO	RE CO	UNTY		MD
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		R OTHER INSTITUTIO	NC	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND (OF BUSINE	SS OR
	TOWSON			JOSEPH 1		AL		Salesma		Sal	es	
130.	AL RESIDENCE (# NURS	134, COUN	TY	130 CITY OR TO		13d. INSIDE CITY LIM	AITS?	13e STREET ADDRESS			17.12	OT I
	ryland	Balt	imore			YES NO		1003 Ha	lste	ad Rd.		
14. FA	ATHER'S NAME	A	AIDDLE	LAST	15.53	15. MOTHER'S MAID	DEN NAM	WE		LA:	51	
	John			Hays		Naomi	<u>L</u>			McCur		
160 \	NAS DECEASED EVER YES, NO OF UNKNOWN)		WAR OR DATES)	216-10		IT INFORMANT Hester #	А. Н	lays, Bal		lstead re,Md.		
	18 CAUSE OF DEAT	H (Enter on	v one couse ner	line for (a) (b) a	nd (e)					APPROX	MATE INTER	VAL
	PART I. DEATH W	AS CAUSE	BY.			ondary to					2000-1	De la constitución de la constit
	11 11 100 .	IMMEDIAT	E CAUSE (0)		0	-						
	4411	7	DUE TO, O	R AS A CONSEQU	JENCE OF							
	Conditions, if any	which	((b)	Rupture,	pancr	eatoduoder	nal a	artery				
	gove rise to important cause (0), status					Will Street		Park Fallson		100		
	underlying cause		DUE TO, O	R AS A CONSEQU	JENCE OF							
			(c)									
NO.	PART 2. OTHER SIGI		_			id colon	HE TERMI	INAL DISEASE OR COM	ADITION GI	IVEN IN PART 16	01	
AT	190 DATE OF OPERA					WAS PERFORMED		200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED	
CERTIFICAT	3500 9852							YES X NO		IFYING CAUSES	OF DEAT	
ER	21a. ACCIDENT WAS UNI	DERLYING T	21b. TIME C	F INJURY		21c. HOW INJURY O	OCCURR	ED (ENTER NATURE OF IN)			,	L
	OR CONTRIBUTING			M. MONTH		7.77						
DICAL	(IF EITHER, NOTIFY MEDIC		P. 21e PLACE		19	21f. LOCATION						
MEDI	WHILE TO NOT W	HILE [REET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STA	ATE
	AT WORK AT WO	ORK U			Tames	17	70	Tonuar	77 10	70		
	22a I certify that (I) sow the deceas		T		Janua 79			J _{. to} Januar			that (I) (w	
1	obove, (1) (we) (ed olive on, did) (did not					opinion a	death occurred on the	date and ho			ited
	226. SIGNATURE		11 .1		1	DEGREE				22c. DATE	SIGNED	
	1 from	5 6	int			ATTEND		MEDICAL STA		Jan.	19,1	979
19	22d. PHYSICIAN'S N	AME (TYPE OF	PRINT)		14-997	22e. ADDRESS						
	Не	nry S	. Crist	, M.D.		7620 You	rk R	oad, Towson	n, MD	21204		
23a.	BURIAL, CREMATION.		23b. DATE	230		EMETERY OR CREMA	TORY	23d LOCATION	ALTHOUGH	COUNTY	STA	TF.
I	Buriald		1-22-	-1979 S	pring	s Cemete	ery	Springs	, Som	erset,	Penn	ia.
	UNERALORECTOR .	21				2	250. DATE			TRAR'S SIGNAT		
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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

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- Grantsville, Md.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00357

- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	9-000-	
1. DECEASED NAME FIRST {TYPE OR PRINT]	WIDDLE	LAST		26. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
Danni	e M	Hendri	x .	January	27, 1979	1.450
3 SEX	4 RACE		DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEA MONTHS DAY YRS.	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED N	EVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	,
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHE REET ADDRESS)	ER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 125 KIND F WORKING LIFE) INDUSTR	OF BUSINESS
	TY 13c. CITY OR T	OWN 13d. IN	SIDE CITY LIMITS?	13e STREET ADDRESS	PLANE	OR
14 FATHER'S NAME FIRST DANCEL	BOLLIA		ELIZ 7	5 REL	ENHILL	LAST
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	_	AMES	HENDRIX		OVE
PART 2 OTHER SIGNIFICANT C Addison's D 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING SEASE, Rhey 196. CONDITION FOR WH	matiod A	rthritis			yroidi
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19	OW INJURY OCCURE	YES NOTER NATURE OF INJUR		NO
220-I certify that (I) (this hospi sow the deceased alive on	January 271 1) view the body offer deoth. RAKA	9 79 , and that i	n (my) (<u>our)</u> opinion (te and hour and from II	-, that (1) (we) the couses stated TE SIGNED /27/79
Dr. Azra R 230. BURIAL, CREMATION, REMOVAL (SPECIFY) RVRIA		30 NAME OF CEMETER		Square Ho	COUNTY	L237
24 FUNERAL DIRECTOR J. G. CONNE	LL 300	MACE	250. DAT	REC'D BY REGUSTRAR		

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

5	١,	FOR STATE	D	EPARTMENT OF	E OF MARYLAND LEALTH AND MENTAL I	HYGIENE	70-1	00358
31		REGISTRAR		CERTII	ICATE OF DEATH	RE	G. NO.	
be 33 30 50 50 50		CEASED NAME FIRST OR PRINT) TAME	MIDDLE	H	exald	20. DATE OF DEAT	H MONTH DAY	79 6:48 A
4 may be tor, page 3 ofter death	3. SE		4. RACE	5. DATE (DAY YEAR	6. AGE (IN YEARS LAS		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN
Poge Mours Fee.	70 BI	MALE RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JAN.	3 1910	69 RAITIMORE CI	YRS.	FDEATH
erot di	C	OH10	U.S.A.	MARRIE		BALI	o. Co.	MD
oy the fi	Δ.	UDALLS TOWN	(IF NOT IN SUCH FACILITY, GI		HOSPITAL	120. USUAL OCCU (TYPE OF WORK FOR M	PATION OST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY MEDICAL
filled in by ould be file	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE					ESS	HEDICHS
	2		BULL LIBE	anguare.	YES NO		REEN ACR	ES DR.
und 2 sh		THER'S NAME	WIDGLE L	AST	15. MOTHER'S MAIDEN	NAME	OLE .	KENNEDY
a - To	16a V	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	AL SECURITY NO.	MARY 17 INFORMANT	JIFE) A	DDRESS	N-NNCD1
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÷ = e ⊆		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			4-111	0.00		BETWEEN ONSET AND DEATH
ng physon pap remova			TE CAUSE (a)	ouse	myocar.	dias fu	eletren	
orico		410-	DUE TO, OR AS A CO	NSEOUE PICE OF				
ove		Conditions, if any, which	(b)	AS				
other troum		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	NSEQUENCE OF				
or riot	1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION OVEN	IN PART 1(o)
Then property.	NO	Chros	uic Ob.	sruet	-ue 1	Murrar	y di	reare
pos been permit. I ne prior ws ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
s certificate hos buriol-transit per Mentol Hygiene or them 18 shaws	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	<u> </u>	21c. HOW INJURY OCC	YES NO		1 OR PART 2)
m 18		OR CONTRIBUTING CAUSE OF DE						
Men Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	. 19	21f. LOCATION			
the missing the mi	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC.)	STREET	CITY C	R TOWN	COUNTY 51 ATE
Atte		220.1 certify that (1) (this hasp	oital) attended the deceased	from Ja	u 30 10 7	9 10 Jan	30 19	79 , that (1) (we) lost
DIRECTOR. Afteched for use os Dept. of Heolth f frem 21 is mor			ot) view the body affer deat		nd that in (my) (aur) opin	nion death accurred on t	he date and hour a	nd fram the couses stated
		22b. SIGNATURE	ot) view the body at far deat	h	DEGREE			22C. DATE SIGNED
(AL DIREC detached to ofe Dept.	5	(m) 4	ti 012/02	hi 1	ATTENDING PHYSICIAN		STAFF	Jan 30, 1979
FUNERAL and be detern the Stote		22d. PHYSICHAN'S NAME (TYPE	OR PRINT)	•	22e. ADDRESS	V DIRECTOR FF	TISICIAINE	1 4000/20/11/7
should be deto with the Stote I IMPORTANT: If		(51. M	ARTORI					
₹ \$ 3 <u>₹</u>	23a. E	URIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	CEMETERY OR CREMATO	RY 23d LOCATION		DUNTY STATE
	(BURIAL	2/2/79	CALVA	RY CEMETER			YONING OHIO
- 16 50M 7/77		INERAL DIRECTOR	ADI	DRESS	21018 250.	DATE REC'D. BY REGIST		
VR A 15 (4))		LEMING FUNE			SON, MD. F	EB 1 1979	perfray	Metrody

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 26 HOUR oseph 6 4 RACE SEX 6 AGE (IN YEARS LAST BIRTHDAY) white DAYS HOURS male To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, ounty WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY steel gewood Nursing achinist by DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 7206 Oak Haven Baltimore oodlawn YES [NO.K 14 FATHER S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE, ond trank Herr KURU 4reb 10 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Nargaret D. Hite 7206 Oak Haven Ct. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate OR AS A CONSEQUENCE OF couse (a), stating underlying oth lost couse plec ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? à NOF YES [NO [Hygier certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 80 HOUR A.M. MONTH DAY YEAR entol OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M. ž 50 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Jan .. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death Hem 22b. SIGNATURE DEGREE DATE SIGNED an.6-79 baga. ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS Road-Brigmed 21212 odaro 0 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) BP. ltimore. 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256. REGISTBAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) tunsbury Funeral Home 6411 Windson Mill Rd.

79-00359 25.50 THE PART OF MALE the ottending physician and completely filled in by the funeral director, page remove carban papers. Pages 1 and 2 should be filed within 72 hours ofter deat

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriof-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.

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	Can a	1. DECEASED NAME	FIRST	
	be 3	(TYPE OR PRINT)	AUGUS	r
	moy fer do	3. SEX		4 RAG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00360

	REGISTRAR								REG. NO.				
	CEASED NAME E OR PRINT)	FIRST	MII	DDLE	l.	AST		2a. DATE OF DE	АТН МОМТН	DAY	YEAR	26 HOL	JR
	- SKI KINI)	AUGUST	L	OUIS	H	ERRING		JANUAR	Y 18,	1979		12:	35A
3. SE	X	4	RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)		ER 1 YFAR	IF UNDER	
	MALE		WHITE		MAR	CH 12, 1	893	85	Y	RS MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF W	HAT COUNTRY?	8	□ NEVER MA	nnien []	9 BALTIMORE	CITY OR COL	JNTY OF D	EATH		4
	MARYLAND		U.S.A.		WIDOWE	DNO DNO	RCED [BALTI	MORE C	OUNTY			M
1	FORT HOWA	RD	V.A. ME	OSPITAL, NURSIN FACILITY, GIVE STREET DICAL CE	NTER	R OTHER INSTIT	NOITU	120 USUAL OC			KIND O	F BUSIN	ESS OR
13a	AL RESIDENCE (IFN	13b. COUNT		3c CITY OR TOW	N	136 INSIDE CIT	LIMITS?	13e. STREET ADI		1			
-	ARYLAND			BALTIMO	RE		10 🗌	3112 RO	YSTON	AVENU	9		
14. FA	ATHER'S NAME FIRST	All	DDLE	LAST		15. MOTHER'S A			IDDLE		LAS	1	
	WAS DECEASED EV	R IN U.S. ARM		66 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDRESS			4-1-1	
	YES	WWI		219 40 9	653	CLINIC	AL REC	CORDS. V	AMC. F	ORT HO	DWAR	D. M	D
	18 CAUSE OF DE	ATH (Enter only	one couse per li	ne for (a), (b), an	d (c1.)						APPROXI	MATE INTE	RVAL DEATH
	PARTI. DEATH	WAS CAUSED IMMEDIATE		RONCHOPN	EUMON	IA			11-4-1		2 W	DOKS	
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	gove rise to i	mmediate	DUE TO OR	AS A CONSTOUR	NCE OF		A Sec						
	underlying cou			ARCINOMA		BOSTATE.					YEA	DC	
	PART 2 OTHER SI	GNIFICANT	100				THE TERM	INAL DISEASE O	PCONDITION	I GIVEN IN	_		DDA
Z	ARTERIOS												
A A	190 DATE OF OPER			ION FOR WHICH				200 AUTOPS		F YES, WER			
문							- 1		INC	ERTIFYING		OF DEA	TH?
CERTIFICATION	21g. ACCIDENT WAS I	INDERLYING 🗀	21b. TIME OF	INTURY		121r HOW IN II	RY OCCUPE	ED (ENTER NATURE	OS INTITION IN THE	YES	DARY 21	NO [
	OR CONTRIBUTING		110110 4 11		AY YEAR	111111111111111111111111111111111111111	W OCCORR	ED TEINTER INVIORE	OF HAJORT HATE	M FB, FART T OF	(PART 2)		
Q.	(IF EITHER, NOTIFY MEI		P,M		19								
MEDICAL	21d INJURY OCCU	WHILE [7]	(AT HOME, STREE	F INJURY IT, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	73.34	cn	Y OR TOWN	co	UNTY	5	TATE
		WORK						The District					
	220.1 certify that saw the dece obove. (1) (we	osed olive on_	JANUARY	18 197	9	d that in (my) (a	19 <u>76</u> ur) opinion o	, toIAN death occurred o	n the date one			that (I) (couses st	
	226. SIGNATURE	0. 5	0 -	(.,	[EGREE				2	2c. DATE	SIGNED	
	W.	eu-s	regary	i ul		AT1 PH	YSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [X	1/18	/79	
1	22d. PHYSICIAN'S	NAME (TYPE OR P	PRINT)			22e. ADDRESS							
	WEN-SHYA	NG WII.	M.D.			VAMC.	म्भारा	HOWARD,	MD 21	052			
23a	BURIAL, CREMATIO		23b/DATE	1 23c. N	NAME OF C	METERY OR CR		23d. LOCATIO)N				
	(SPECIFY)		J					CITY OR TO	WN	COUNT			ATE
74 F	BURIAI UNERAL DIRECTOR			170	HHAIN	E PARK	750. DAT	REC'D BY REC	MOHE.	OISTRAP'S	SIGNAT	ARYT	AND
	NAME	~~~	100	ADDRESS	. 777	DATES		THE WOLK	1.2. A		Port	Copie	7
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DHMH-16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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anding physicion and completely filled in by the funeral direcorbon popers. Pages 1 and 2 should be filed within 72 hour

MPORTANT: If Hem 21 is marked of Hem 18 shows any injury, or other troumatic event, the medical examiner must be natified of onc

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burnol-transit permit. Then please remove carbon papers. Permit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR
-	STATE
	REGISTRAR
	11201011111

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00362

-		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0			
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR	R
		Catheri	ne		Hev	ener	January	26, 19	779	25	-M
	3. SE:	x Female	4 RACE Whi	te	June	DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UN MONTH	DER I YEAR	HOURS	MIN
5		RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimo Baltimo	re County			MD
1	2	Rossville	LIF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET IN Klin Squa	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 17	E KIND O	F BUSINE	
7	130 5	At RESIDENCE (IF NURSING HOME OF STATE 136. COUP aryland	OTHER INSTITUTION	Baltimo:	ADMISSION)	134 INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS	Baltimor by Stree	e, Mo	1.	
0	14 FA	THER'S NAME Unknown	MIDDLE	Lannon		15 MOTHER'S MAIDEN NAME FIRST Unknown	WIDDIE		nknow		
2		vas deceased ever in u.s. ar yes, no or unknown) (if yes, givi No	MED FORCES? E WAR OR DATES)	214-74-		Dianne Hopki	nter: ADDRE	Red Li	on, P	a.17	356
	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DATE OF OPPRATION	DUE TO, OI	nadione	NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WE	RÊ FINDIN	GS USED	
1	ERTIF	7]a. ACCIDENT WAS UNDERLYING	7 71b. TIME O	F INJURY		21c HOW INJURY OCCURR	YES NO NO	IN CERTIFYING		NO [
7	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (1) (4) sow the deceased alive an above, (1) (wall this) (did no 27b. SIGNATURE)	HOUR A.I. P., 21e. PLACE ((AT HOME, STR	M. MONTH DAM M. DF INJURY EET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	19 ARM, ETC.)	21f LOCATION STREET 7 31 19 13 nd that in (my) () opinion of	CITY OR TOW	ote and hour and	25 , 1		⊯) lost
/		27d PHYSICIAN'S NAME (TYPEO Dr. Albert I		M.D.		ATTENDING PHYSICIAN P	MEDICAL STAF	FF CIAN []	1/2	7-7	9
	(5	Burial, CREMATION, REMOVAL Burial				emetery or crematory ore National	23d LOCATION CITY OR TOWN			stat /land	
	.24 FU	Leonard J. Ruc	k, Inc.	Baltimo	ore, 1	Maryland JAN	REC'D. BY REGISTRAR	25b REGISTRAR'S	SIGNATU	JRE	•

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician THE PART OF THE STATE OF THE ST

79-00363

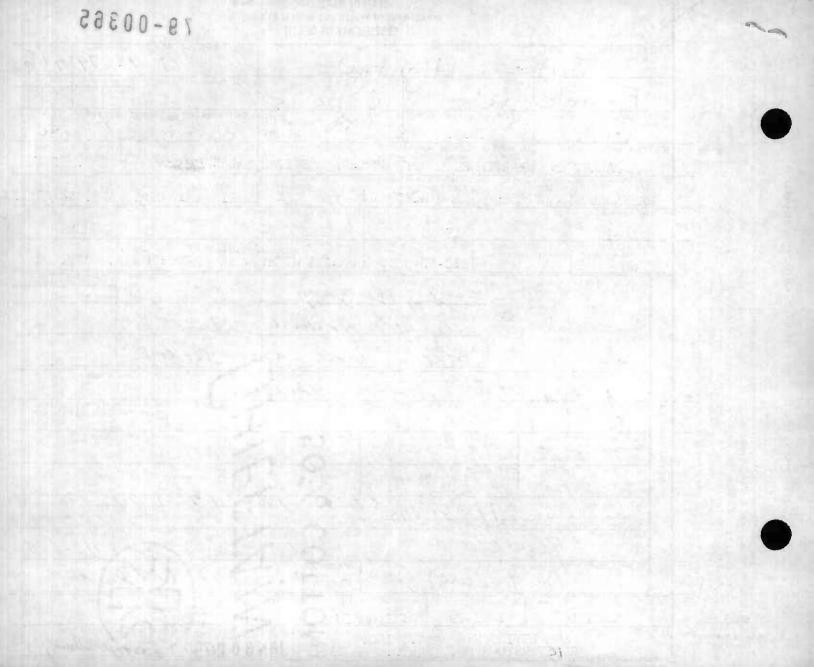
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the duffered, director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 79 figure after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. тоу ре with the Stote Dept. Or result on mental types before 5 or other frounds; or send the medical examiner must be notified at once DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 deoth PHYSICIAN: The low OR ATTENDING etoined by the hospitol

BP. DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-00365

2/	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	7 9 - 0 0	365
		OR PRINT)	RST M	Highto	OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	2 79 74 5 M
3/2	cc	RTHPLACE (STATE OR FOREIGN TOWN OF DEATH	U.S	WHAT COUNTRY? 8 MARRIE MIDOW OSPITAL, NURSING HOME AFACILITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY OF COUNT	County MD.
35	13a. S N	TATE 13b	HOME OR OTHER INSTITUTION,	ORE COUNTY GEN GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN RANDALLSTOWN		13e STREET ADDRESS 12 CINNAMON CIR.,	
30			J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	LYONS 16b SOCIAL SECURITY NO.	ROSE 17. INFORMANT RAND	OALLSTOWN, DDMD 211	COHEN 33 R. APT. 3B
		Conditions, if any, who gove rise to immedicouse (a), stating	DUE TO, OR	212-09-0028 line for (a), (b), and (c). A ALLAP FULL RAS A CONSEQUENCE OF	601-	arest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
999	AL CERTIFICATION		CANT CONDITIONS CO	TION FOR WHICH OPERATION F	N WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this saw the deceased a	21e. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.) deceosed from	21f LOCATION STREET 19 2 end that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	city or town to	, that (I) (we) lost and from the couses stated
/		22d. PHYSICIAN'S NAME	N. g. S	ureju, md	BCGH = 2	old et Bd. A	Rail.
	(1	BURIAL, CREMATION, REA SPECIFY) BURIAL	23b. DATE 1-23			BALTIMORE	OUNTY STATE MD
	24. FU	NAME SO	OL LEVINSON TERSTOWN	& BROS., INC		te rec'd. By registrar 25b. registr	ar's signature



DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

79-00366

	CEASED NAME	FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPI	E OR PRINT)	ROBERT	W.	HILL	JANUARY 9, 19	
3. SE	×	4	RACE	5 DATE OF BIRTH FILE 14 1908	year 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OUNTRY)	OR FOREIGN 76	CITIZEN OF WHAT COUNTY	RY? 8 MARRIED NEVER MAR	BALTIMORE CITY OR COUNT	
10 C	TOWSON	DEATH 1	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S ST. JOSEPH I	RSING HOME OR OTHER INSTITUT		126. KIND OF BUSINESS C
USU 13a.	AL RESIDENCE (III	NURSING HOME OF O		SEFORE ADMISSION) TOWN 13d INSIDE CITY L YES NO		at
14. F	ATHER'S NAME	LIX T.MI	pout // LAST	15. MOTHER'S MA	LOT X COMPANY	LAST
16a \	WAS DECEASED E	EVER IN U.S. ARMI	(AR OR DATES)	ECURITY NO. 17. INFORMANT	FAMILY RELOKUS	
	1100	IMMEDIATE				
	Conditions, if gove rise to couse (0), underlying c	immediate stating the	DUE TO, OR AS A CONSI	noma of lung with	n metastasis	
NO	gove rise to couse (01, underlying c	immediate stating the ause lost.	(b) Carcin	noma of lung with	n metastasis THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(g)
TIFICATION	gove rise to couse (01, underlying c	immediote stating the ause lost. SIGNIFICANT CO	(b) Carcin DUE TO, OR AS A CONSI (c) ONDITIONS CONTRIBUTING	noma of lung with	THE TERMINAL DISEASE OR CONDITION G D 200. AUTOPSY? 20b. IF YI IN CERT	IVEN IN PART 1(a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\bigcirc \text{NO} \text{NO} \text{NO} \qquad
CAL CERTIFICATION	gove rise to couse (o), underlying comparty of the part 2. OTHER	immediate stating the ause lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH	(b) Carcin DUE TO, OR AS A CONSI (c) CONTRIBUTING 196. CONDITION FOR WE	TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORME	THE TERMINAL DISEASE OR CONDITION G D 200. AUTOPSY? 20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\) NO \(\)
MEDICAL CERTIFICATION	gove rise to couse (o), underlying comparty of the part 2. Other 19a, Date of of 21a, accident was or contributing (if either, notify). 21d. INJURY ON WHILE TO WHILE TO MAKE THE PROPERTY OF	immediate stating the ause lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	DUE TO, OR AS A CONSI (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORME DAY YEAR 19 211: LOCATION	THE TERMINAL DISEASE OR CONDITION G 200. AUTOPSY? IN CERT YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\text{NO}\)
	GOVE rise to couse (o), underlying countrying countryin	immediate to the days lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER CURRED OT WHILE CAUSE OF DEATH MEDICAL EXAMINER OTHER CAUSE OF DEATH MEDICAL EXAMINER	DUE TO, OR AS A CONSI (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORME DAY YEAR 19 21t. HOW INJURY FICE, FARM, ETC.) 21t. LOCATION STREET	THE TERMINAL DISEASE OR CONDITION G 200. AUTOPSY? YES NO V YOCCURRED (ENTER NATURE OF INJURY IN ITEM 18.	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
	PART 2. OTHER 19a DATE OF OF 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 22a. I certify the saw the de above, W. (v. 22b. SIGNATURI	immediate training the ause lost. SIGNIFICANT CO ERATION SUNDERLYING CO CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE CONTY WORK IN (this haspital ceased alive on we) (did) (and now	DUE TO, OR AS A CONSI (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF January view the body ofter death.	DAY YEAR 19 211 LOCATION STREET DEGREE DEGREE DEGREE DEGREE ATTEN PHYS	THE TERMINAL DISEASE OR CONDITION G 200. AUTOPSY? YES NOW OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. CITY OR TOWN	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO RART 1 OR PART 2) COUNTY STATE
	PART 2. OTHER 19a. DATE OF OF 71a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY.) 21d. INJURY OC WHILE AT WORK 220. I certify the sow the de obove. Mr (C.) 22b. SIGNATURI 22d. PHYSICIAN	immediate stating the ause lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER OUT WHILE CAUSE OF DEATH MEDICAL EXAMINER OUT WHILE COUNTY OF WORLD COOK OF WOR	DUE TO, OR AS A CONSI (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF January view the body ofter death.	TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORME DAY YEAR 19 216. HOW INJURY 19 211 LOCATION STREET DEGREE ATTEM PHYS 226. ADDRESS	THE TERMINAL DISEASE OR CONDITION G 200. AUTOPSY? YES NOW YOCCURRED (ENTER NATURE OF INJURY IN ITEM 18. CITY OR TOWN 9 19 to January apinion death accurred on the date and ha	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES NO NO NO PART 1 OR PART 2) COUNTY STATE TO TO THE COUSES STATE 224. DATE SIGNED TARRES NO

73-00366

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1070 our out, rouson, 12 2120 t

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or ottending inding physician and campletely filled in by the funeral carbon papers. Pages 1 and 2 should be filed within 72 i

ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbon papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Mitchell-Wiedefeld Home 6500 York Rd.

FOR

79-00367

	REGISTRAR	*,									
	CEASED NAME	FIRST	MIC	3JDCE	Ĺ	AST	2a DATE O	REG. NO.	NIH DAY	YEAR	2h HOUR
(,,,,,	E	BULAF	I S	. HI	ILLDR	UP	JAI	V. 9.	1979		3:1
3. SEX	x Female	4. F	White	е	5 DATE O		6 AGE (INY	EARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HOURS
	IRTHPLACE (STATE OR FOI OUNTRY) Md •	REIGN 7h		HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED		ORE CITY OR C	OUNTY O		
	WSON, MD.			OSEPH T	NG HOME O	R OTHER INSTITUTION	12a USUAL	OCCUPATION SECUT OF WO		12b. KIND C INDUSTRY	F BUSINES
USUA 13a. S	AL RESIDENCE (IF NURSI STATE Md .	NG HOME OR OTH	0	ive residence before 3c. CITY OR TOW Rodgers	/N	13d INSIDE CITY LIMITS?	13e STREET 317	ADDRESS Murdock	k Rd.		
14, FA	George	WIDE		Smith		15. MOTHER'S MAIDEN N Beulah	AME	WIDDLE		vlvan tas	₹
16a V	WAS DECEASED EVER II YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH	(IF YES, GIVE WA	R OR OATES)		5589A	Mrs Meredyt		address	San		MATE INTERV
	Canditions, if any, gove rise to imm- cause (a), stating underlying cause	ediate the	(p)	AS A CONSEOUE AS A CONSEOUE							
ATION	gove rise to imm- cause (a), stating underlying cause PART 2. OTHER SIGN	ediate the lost	(b) DUE TO, OR A (c) NDITIONS <u>CON</u>	AS A CONSEOUE	ENCE OF	NOT RELATED TO THE TER		Tox 1		3.04-5	
TIFICATION	gove rise to immo cause (a), stating underlying cause	ediate the lost	(b) DUE TO, OR A (c) NDITIONS <u>CON</u>	AS A CONSEOUE	ENCE OF	NOT RELATED TO THE TER	200 AUTO	OPSY? 20	Ob. IF YES, V	VERE FINDIN	GS USED
CAL CERTIFICATION	gove rise to imm- cause (a), stating underlying cause PART 2. OTHER SIGN	ediate of the lost IFICANT CON ION ERLYING AUSE OF DEATH	DUE TO, OR A (c) 196 CONDITI	AS A CONSEQUE NTRIBUTING TO E ON FOR WHICH MONTH DA	ENCE OF DEATH BUT OPERATION		20a AUTO	OPSY? 20	Ob. IF YES, V VERTIFYIN YES (VERE FINDING CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to imm. cause (a), stating underlying cause PART 2. OTHER SIGN 196 DATE OF OPERAT 216, ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CAUSTAINS	ediate y the lost lost IFICANT CON ION ERLYING AUSE OF DEATH LEXAMINER EED	DUE TO, OR A (c) NDITIONS CON 196 CONDITI 216. TIME OF HOUR A.M. 216. PLACE OF	AS A CONSEQUE NTRIBUTING TO E ON FOR WHICH INJURY MONTH DA	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	20a AUTO	OPSY? 20	Ob. IF YES, V VERTIFYIN YES (VERE FINDING CAUSES	GS USED OF DEATH
	gove rise to imm. cause (a), stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDE OR CONTRIBUTING C. C. (IF EITHER, NOTIFY MEDICA AT WOR AT WOR 220. I certify that (1) (ediate the the lost IFICANT CON IFICANT CON ERLYING AUSE OF DEATH LEXAMINER ED ILE (this hospital) d alive on	DUE TO, OR A (c) NDITIONS CON 196 CONDITI 216. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE	AS A CONSEQUE NTRIBUTING TO E ON FOR WHICH INJURY MONTH DA F INJURY T, FACTORY, OFFICE, F deceosed from	OPERATION AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCL 21f LOCATION STREET 19 d that in (my) (our) opinio	200 AUTO	NO DPSY? NO DATURE OF INJURY IN CITY OR TOWN	Ob. IF YES, V VERTIFY IF YES [N ITEM 18, PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY 7 nd from the	STAT
	gove rise to imm. cause (a), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C	ediate 3 the 10st 10st 1FICANT CON IFICANT CON ERLYING AUSE OF DEATH 1 EXAMINER) ED (this hospital) d alive on (d) (did not) vi	DUE TO, OR A (c) NDITIONS CON 196 CONDIT! 216. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE	AS A CONSEQUE NTRIBUTING TO E ON FOR WHICH INJURY MONTH DA F INJURY T, FACTORY, OFFICE, F deceosed from	OPERATION AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCL 21f LOCATION STREET 19 d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	200 AUTO YES TRRED (ENTER N.) 7, to	NO DPSY? NO DATURE OF INJURY IN CITY OR TOWN	Ob. IF YES, V	VERE FINDING CAUSES 1 OR PART 2) COUNTY	STAT
MEDICAL	gove rise to imm. cause (a), stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDE OR CONTRIBUTING C. C. (IF EITHER, NOTIFY MEDICA AT WOR AT WOR 220. I certify that (1) (ediate the lost IFICANT CON IFICANT CON ION ERRLYING AUSE OF DEATH LEXAMINER) ED IIE III III	DUE TO, OR A (c) NDITIONS CON 196 CONDIT! 216. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE	AS A CONSEQUE NTRIBUTING TO E ON FOR WHICH INJURY MONTH DA FINJURY FI, FACTORY, OFFICE, F deceosed from fter decth.	OPERATION AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCL 211 LOCATION STREET 19 d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTO YES RRED (ENTER N.) MEDICAL DIRECTOR	OPSY? NO DATE NO DATE ATURE OF INJURY IN CITY OR TOWN ed on the date STAFF PHYSICIAN DT.	Ob. IF YES, V	VERE FINDING CAUSES 1 OR PART 2) COUNTY nd from the 22c. DATE	STAT

DHMH - 16 50M 1/76 (VR A 15 (4))

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79-00367 BATHUT DAR CC. TATTERDE TERROR TO TI , ECONOT The state of the second of the TOR AND LUCED DESCRIPTION OF A PROPERTY OF A PARTY OF A

		FOR STATE REGISTRAR		DEPARTA	STATE OF MAR MENT OF HEALTH AI CERTIFICATE O	ND MENTAL HYG	79-0	0368
4		I. DECEASED NAME (TYPE OR PRINT)	FIRST	ARb1/	HOFFI	MAN	2a. DATE OF DEATH MONTH	13-79 14 A M
	ectary of the decrease of the	3. SEX	4. RACE	C /	5. DATE OF BIRTH	YEAR 99	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MIN
	uneral di	70. BIRTHPLACE (STATE OF COUNTRY) Maryland		NOF WHAT COUNTRY?	MARRIED MEV	DIVORCED	Baltimore city or count	O., MD.
201	by the f	Randallst	own (IF NOT	E OF HOSPITAL, NURSIN	ADDRESS)	IU HM.	129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126/KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120	shauld be in shauld be in	130. STATE Md.	RSING HOME OR OTHER INSTI	TUTION, GIVE RESIDENCE BEFORE 130. CITY, OR TOW New Wil	ndsor YES	DE CITY LIMITS?		on Rd.South
MARYL	ompletely ond 2 s	G .	Arby	20000011	1	Bertha	MIDDLE V	Skeggs
ALTIMORE	s. Pages	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORG	TECL			loffman, Same	
ST., BAL	g physical onpaper removal.	18 CAUSE OF DEA PART 1. DEATH	TH (Enter anly ane cau WAS CAUSED BY IMMEDIATE CAUSE	(o) CARD	A C	ARRES	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
PRESTON	the attendin remove carb emation, ar	Conditions, if or gove rise to in cause (a), sta	y, which nmediate	TO, OR AS A CONSEQUE (b) APT. TO, OR AS A CONSEQUE		ABRES	SE	YEARS
05, 201 W	n signed by t Then please to burial, cri		se last.	(c)		TED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
L RECORDS,	has been permit. It ene print to be permit. It ene print to be been been been been been been been	NO DATE OF OPER	ATION 196 C	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO N

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased from 10 saw the deceased alive an above, (K (we) (did) (did) no and that in (my) (and) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SITROBEL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If Item 21 is morked or Item 18 sh

Charles W. Burrier, Jr., Sykesville, Md.

1-16-1979

231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mt. Olivet

COUNTY STATE

Frederick Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

Burial

TILICIE HOPELIE

MATE OF MILITA PRESERVA ANDREAS OF MATE OF

MOISEMBRIOD INTENTED VANIETY DATES TO

death certificate be executed within 24 hours

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	79	- 0	0	3	7	0
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1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	79 - 00	370			
	EASED NAME FIRST	WIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR			
(tire	Tillie Hol	Lzknecht			1-20-		6:30 Am			
3 SEX	Female	4 RACE White	S. DATE C MONTH		6. AGE (IN YEARS LAST BIRTI	YR5	DAYS HOURS MIN.			
23/	RTHPLACE ISTATE OR FOREIGN DUNTRY) CLIVEY Land	76 CITIZEN OF WHAT COUNTR	WIDOWE			on Cour	ent 1 MD.			
R	OSSUL Le	11. NAME OF HOSPITAL, NUR.	EET ADDRESS)	ospita ((TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	IND OF BUSINESS OR STRY			
130. S	AL RESIDENCE (IF NURSING HOME OF TATE		FORE ADMISSION) DWN NC Y	YES NO	13. STREET ADDRESS	Collingto	n Ave			
	THER'S NAME FIRST	MIDON AKAL LAST		HEDVINK	A		LAST			
16a. W (Y	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GE	RMED FORCES? 166 SOCIAL SE ALENDER S	5999	LOUIS J. Holz	Great 207	Elmen-	Ave.			
	PART I. DEATH WAS CAUS	only one cause per line (0) (b), (b), (ED BY: ATE CAUSE (a)	mya	endial Infor	chin	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
	Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSECUTION	QUENCE OF	timselenti Can	dinocular	Diene i	years.			
	cause (o), stofting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
NOI	Simile Der	untia			200 AUTOPSY?					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ndition for which operation was performed			IN CERTIFYING CA				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PA	ART 2)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUN	TY STATE			
	220.1 certify that (I) (thu hos	an analy view the body after death.	m	nd that in (my) (our) apinian	, to death accurred an the de	ote and haur and fra	, mai (i) (iii			
	22b. SIGNATURE	B Bradle			DIRECTOR PHYSIC	FF _	DATE SIGNED			
	226. PHYSICIAN'S NAME (TYPE Albert B. Br			22. ADDRESS 4900 Bela:	ir Road Ba	lto. Md.	21206			
23a. I	BURIAL, CREMATION, REMOVA	AL 236. DATE 1-23-79	1 1 1	EMETERY OR CREMATORY	23d ACCATION effror town	we day	L1 STATE			
2 F	UNIPRAL DIRECTOR NAME NAME	a 1211 Chesses	o Ar	€ . 25a. D'AT	AND 214 979	256. REC 53.453.5	My Court			

DHMH - 16 25M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dishould be detached for use as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Nem 21 is marked at them 18 shows any injury, at other traumatic event, tha

(VR A 15 (4)) 9/74

FOR

10.1	10 m (10 m 1)		Jacobardon elliev			
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	XXX 3.2					
		and the	LeNgue / Le	100		
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E e c						
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	×					
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FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME H M MIRAT 20. DATE 26 HOUR 0/00 4 RACE 1892 Ta. BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH DIVORCED WIDOWED 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR O 125. KIND OF BUSINESS OR Parkville INDUSTRY 15. MOTHER ECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR MINOWN) 1 1# YES, GIVE WAR OR DATES) 214-74-6689 18. CAUSE OF DEATH (Enter only one couse persone to PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (0), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ental Hygi 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED WHER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 ITY OR TOWN COUNTY STATE NO WHILE attended the deceased from 220.1 certify that (1) (this hospital sow the decepsed and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DAFE SIGNED ATTENDING should be detach MPORTANT: IF STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial 1-20-1979 Loudon Park Maltimore Maryland 24 FUNERAL DIRECTOR DHMH-16 60M 1,73 Leonard J. Ruck, Inc. 5305 Harford RD. Balto; Md. (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 26 HOUR (TYPE OR PRINT) ESTI- 4 EMILY 18 INA HOWAR DEATH MATED SEX 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE March ST BIRTHDAY) PRONOUNCED Female White DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Haven, Conn USA Baltimore County WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS HORINDUSTRY 1606 TO CKEHBUCKET Rd. FOR MOTION WORKING FOR Essex 21221 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 WHryland BS944 more 135 CLAMOLINE REPORTED STATES 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1606 Rickenbacker Rd. NO DOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Wheatlev PAGES 1 AND DIVISION OF VIT Francis L. Wright Ida 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 624"C" Eastern Ave LIFYES GIVE WAR OR DATES 218 01 9465 Ethyl Arnold, Daughter Baltimore, Md. 21 No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, E DEPARTMENT OF PRIOR TO BURIAL YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 3 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion ARYLAND, death resulted from: Notural couses Homicide Undetermined manner DIREC R DEATH, DATE SIGNED EXAMINER'S NAME JCROSSAN PAGE A TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Trimore Md. COUNTY STATE Biral 1/20/79 Druid Ridge Cemetery BP. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 1407 Old Eastern Ave Funeral 15M 7/77

79-00372 MIND IT SULLY STREET ON AUDIT TAINED -IN -The Property of the Party of th Acres Sunat Gill 12 A PART OF THE PROPERTY OF THE PART OF THE Colombia the bear with a willthing BOND TO THE RESIDENCE OF STREET OF STREET OF STREET To see the grant set the letter NAME: Norma Jean Hunt

DATE OF DEATH: January 27, 1979

PLACE OF DEATH: Baltimore County SEE: 79-03067

February, 1979 Baltimore County



STATE OF MARYLAND

		EASED NAME FIRST BEATF	ICE	MARIE	IMMLER		OF ESTI- DEATH MATED		8 1979	2b. HOUR
NO ST		emale white	10 0			IF UNDER 24 HRS. HOURS MIN	PRONOUNCED DEAD	MONTH I	DAY YEAR	24 HOUR 3:53 PM
19 Sest	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. Y. 10. CITY OR TOWN OF DEATH AUDDROOK Park		US A		8. MARRIED TO NEV	DIVORCED	Baltimore CITY OF	Count	y	MD
500			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 903 Olmstead Rd. 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) ADULE Wife				OF WORK 12b	OR INDUSTRY		
SE SE	3e. S1	Nd. Balt		136. CITY OR TOWN Sudbrook	Pk. 13d INSIDE CIT	N9 1 903	EET ADDRESS Olmstead J	Rd.		
₹030		THER'S NAME Frank Prove		LAST	Ros	e	MIDDLE		LAST	
WITH FORM PAGES 1 AI DIVISION OF		AS DECEASED EVER IN U.S. AR. S. NO, OR UNKNOWN) (IF YES, GIVE NO NO 18 CAUSE OF DEATH (Enter an	WAR OR DATES)	215 12 3			ADDRESS 2 903 Olmste	ead Rd	. 21200	
HEALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL.	NO	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF					
D TO THE CHIEF A SHOULD BE USED SPARTMENT OF HEAD FOR TO BURIAL, CREAD FOR TO BURIAL, CREAD FOR THE SHOP TO BURIAL, CREATER FOR THE SHOP T	RTIFICAT	196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS	TO WEST		RATION WAS PERFORM				YES 🔀	NO []
PRIOR TO BU	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M.	MONTH DAY YEA	R 21f. HOW INJURY (OCCURRED 1ENTER N	LATURE OF INJURY IN ITEM 18 PA	COUNTY		STATE
1 PR	- 0	22a. I certify that I taak charg	487	cribed abave, held an	Autapsy X,	Inspection .		d in my apinic	an	
AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 PR		ACTUAL SIGNATURE	M. Dixon	a	vicide			DATE SIGNED_	1-19-7	9

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 ha DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detoched for use as the burial-transit permit. Then please remove carbanpapes with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital ar

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-00375

'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	00.0	
	CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
		Raymond	I = I	rancis		Inscoe	Januar		1979	4:00 an
3. SE)	(4 RACE	116.16	5. DATE O		6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	
_	Male		W	rite	Marc	4	73	YF	RS	THOUSE MAN
7a. BII	RTHPLACE (STATE	E OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D MEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
	ryland		U.S.		WIDOW	DIVORCED		more Co	unty	M
10. CI	TY OR TOWN OF	FDEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC		12b. KIND NG LIFE) INDUSTRY	OF BUSINESS OR
_	ndallsto		9064	Allenswood	od Roc	nd 21133			hlethem	
13a S	TATE	136 COU	VTY	13c CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS		
-	aryland	Balti	more	Randalls	town	YES NO	9064 Al	lenswoo	d Road	21133
14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	1	AIDDLE	LA.	AST
		Irving I					Kerchne.			
{Y	(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)			166 SOCIAL SECU	Mis. Deloies insche 21155					
	No	none	3	213-09-41	122 9064 Allenswood Road Randallstown, Md. APPROXIMATE INTERVAL BETWEEN OWNET AND DEATH					
CERTIFICATION	PART 2 OTHER					NOT RELATED TO THE TERM	200 AUTOPS	Y? 20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED
E	210. ACCIDENT WA	- Carres	7 216. TIME C	25 15 14 15 27		10			YES 🗌	№ □
MEDICAL CI	OR CONTRIBUTING	CAUSE OF DE	HOUR A	.M. MONTH DA	AY YEAR	216 HOW INJURY OCCUR	KED JENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR PART 2)	
MED	21d. INJURY OC	CURRED IOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
		ceased alive an	SIA III	he deceased fram	12	766 , 19 and that in (my) 2000 apinian	death accurred c	8/31/78 in the date and		, that (I) (XXIas: e couses stated
	22b. SIGNATURE	0.5	Dane	ee o	0	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [1/18	8/79
	Dr. J	ohn Dar				22e. ADDRESS 9017 Libe	erty Road	l Rando	allstown	, Md.211
23c. 8	URIAL, CREMATI		23b. DATE 1/20/		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TO	on altimore	county	1 and State

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

8728 Liberty Road Randallstown, Maruland

FOR

24 FUNERAL DIRECTOR Loring Byers Funeral Directors,

STATE OF MARYLAND 79-00376 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH DECEASED AME 26 HOUR (TYPE OR PRI AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS. ust 15.1886 STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED NDIOF BUSINESS O BALTIMORE, MARYLAND 21201 NCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION 136 COUNTY OFTOWN NO THER'S NAME METHER'S MAIDEN NAME MIDDLE LAST MIDDLE S DECEASED OVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO poper 18 CAUSE OF DEATH Enter only one couse per line for to PART I. DEATH WAS CAUSED BY MIUNE PRESTON ST., IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUE Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 201 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED Q. IN CERTIFYING CAUSES OF DEATH? be NO YES [NOF 210. ACCIDENT WAS UNDERLYING 2) C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8, PART) OR PART 2) 71b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION ō 21d INJURY OCCURRED 71e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated I did not) view the body ofter death DEGREE 22c DATE SIGNED -ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 274. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the (AFFEZZOL) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 220 NAME OF CEMETERY OR CREMATORY JNERAL DIRECTO DHMH - 16 60M 1/75 NAME (VRA 15(4))

7	FOR STATE REGISTRAR	STATE OF MAR DEPARTMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYGIENE	NO.79 - 063.77
	DECEASED NAME FIRST	MIDDLE ŁAST	20 DATE OF DEATH	D
· per contraction		rge William Jahn	January	
3	SEX	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Male	White October 2		YRS.
nerol on 72 hours	o. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	The CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEV	Baltimore CITY DNORCED Baltimore	or county of DEATH e County MD.
of the function of the functin of the function of the function of the function of the function	O. CITY OR TOWN OF DEATH TOWSON	III. NAME OF HOSPITAL, NURSING HOME OR OTHER I (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). Multi-Medical Nursing Cen	iter I20 USUAL OCCUPA (TYPE OF WORK FOR MOS' Engineer	TOF WORKING LIFE) INDUSTRY
24 hour filled in ould be f	JSUAL RESIDENCE (IF NURSING HOME OF 30 STATE 134 COUP Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134 INSID Baltimore YES	e CITY LIMITS? 130 STREET ADDRESS	and Ave.
MARYLA mpletely and 2 sh	FATHER'S NAME FIRST Edward W.		ER'S MAIDEN NAME Lillian E. MIDDLE	LASY
TIMORE, be execut on and co	60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)		ame
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The law requires that the death certificate and physician that this certificate has been signed by the attending physic as the buriol-transit permit. Then please remove carbon paper to and Mental Hygrene prior to buriol, cremation, or removal, and Americal Hygrene prior to buriol, cremation, or removal, and mental B shows any injury, or other troumatic event, if	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	Stone	BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 2. The low requires ion. In the permit. Then by the permit of the brown on the brown ones ony injury, in the permit of the brown ones ony injury, in the permit of the brown ones ony injury, in the permit of the brown ones ony injury, in the permit of the	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	RFORMED 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ NO } \)
PHYSICIAN: TI PHYSICIAN: TI ending physician this certificate this certifi	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER: 210. INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH DAY YEAR	V INJURY OCCURRED (ENTER NATURE OF IN	JJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION NG PHY After this os the bu Ith and M	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITYORT	~ 7G
R ATTENDIN hospital or of RECTOR: After or of Health of Health tem 21 is man	sow the deceased glive an obove, (the (did) did no	at) view the bady after death.	my auritopinion death occurred an the	, 19, that (I) (we) lost adde and hour and from the causes stated
0 = 0 0 0	22b. SIGNATURE	6. May and	PHYSICIAN DIRECTOR PHYS	TAFF
TO HOSPITAL retained by the TO FUNERAL sidvald be deti with the Stote	224 PHYSICIAN'S NAME (TYPE OF Wyman K	. Wong, M.D. / 6801	Belair Rd. Balti	more, Md. 21206
27/8/	30. BURIAL, CREMATION, REMOVAL Burial	Jan. 8,1979 Mt. Olive	et Hanover	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR	eld Home 6500 York Rd. 2121	inst 1070	AR 25b. REGISTRAR'S SIGNATURE

UCIDE	January 5,1975	90	at modffla stade	
		Successed 25,111	statik	plate.
	Caltimore County			bestyres
o fuere i a	Suglament Co.	Toursing Conter	Included-Laford	Lossion
	.evA bnafe 1004		191p.	hay Land
		mkitha .	mist.	ie-formunit -
	tono Same	Get-D38 Noprochy	les T	
			2 · A	

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	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	79-00378 REG NO.
		ton, Varon	DATE OF DEATH MONTH DAY YEAR 26 HOUR 3:20/m
oge 4 r	3. SEX A BIRTHPLACE (STATE OR FOREIGN	W 12 1 05	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoth.	Mary land 10 CITY OR TOWN OF DEATH	U.S. A WIDOWED DIVORCED	Baltimore city or county of Death Balto, Co. MD.
201 ors offer by the filed wi	Towson	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!) ST VOSCPS HOSPITAL	TO USUAL OCCUPATION 126 KIND OF BUSINESS OR 1795 OF WORKFOR MOST OF WORKING LIFE) INDUSTRY
No Self 24	md.	Balto. YES NO [2122 Fleet St.
i. MARYLAND	14 FATHER'S NAME FIRST FIRST	MIDDLE (THEONY SYNT) 15 MOTHER'S MAIDEN NAME FIRST	A MIDDLE CUNKOWN
BALTIMORE, cote be execut yssicion and coppers. Poges 1 vol. the medical tr, the medical	160 WAS DECEASED EVER IN-U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MADE TO THE WAR OR DATES)	RAWINGKI FIFET ST
ST., g ph on p remo even	PART I. DEATH WAS CAUSI	nly one couse per line (\$\frac{1}{2}\)(0), (b), and (c). ED BY: TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTOr death ottend ove coi rion, o	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF LUTE - AS	evD- IW
W. P	couse (o), stating the underlying couse lost	DUE TO, PRASA CONSEQUENCE OF D - PASTA	BLETAUR LUNGD- YEARS-
		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINA	
VITAL RECO	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		20a AUTOPSY? YES NO
N OF VIII	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION PHY or offending After this se as the but ealth and hu marked or	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TTEN Dittol TOR: for us of He	obove, (Miwe) (did) (did)	X view the body offer death.	to JAN 23 19 79, thaXII (we) lost oth occurred on the date and hour and from the causes stated
_ + , + a =	276. SIGNATURE YOUR	PHYSICIAN D	MEDICAL STAFF OIRECTOR PHYSICIAN 1-23-79
10 HOSPITAL TO FUNERAL should be det with the Stote	22d. PHYSICIANIS NAME (TYPE O	NORZ 8. VOUS	
11/14 BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	1-26-79 HOLY ROSARY CEM	23d. LOCATION COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	TONO M. M.	BERKONBINO CHECTER JAN	25 1979 PROPERTY OF THE PROPER

BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

STAT	E OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00379

	REGISTRAR		CERTIFIC	CALL OF PLACE		REG. NO.			
I. DI	ECEASED NAME FIRST	MIDDLE	L	ST	2a. D	ATE OF DEATH MONT	TH DAY	YEAR	26 HOUR
	DOROTHY	ClizABETH	JA	RVIS		JAN	3,	1979	725
3 SI	EX	4 RACE	5. DATE O			E (IN YEARS LAST BIRTHDAY)		NDER 1 YEAR	IF UNDER 24 HRS
	F	Black	MONTH	DAY YE	la	64	YRS.	THS DAYS	HOURS MIN
	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		9 BAI	LTIMORE CITY OR CO		DEATH	
1	N. C.	USA	WIDOWE		0 🗍	Bastimo	RE (Lour	
1 10.0	NTWISSIN	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR MT. W/SON		mtw.ko	TYPE	SUAL OCCUPATION OF WORK FOR MOST OF WORK USE LV 1			F BUSINESS OF
130	UAL RESIDENCE (IF NURSING HOME STATE 13b, COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JINTY 13(, CITY OR TO	ORE ADMISSION)	134 INSIDE CITY LIM	_	TREET ADDRESS	ERVI	lle k	En
14. F	FATHER'S NAME FIRST	MIDDLE LAST YOUNG	7	15. MOTHER'S MAID	BOTR	WIDDLE		ENS IAST	13
	WAS DECEASED EVER IN U.S. A	IRMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 216-30	S6 78	17 INFORMANT		DEC EASED		1	
	PART I. DEATH WAS CAUS	only one couse per line for (0), (b), SED BY ATE CAUSE (0) Acule	espira	atory to	rilare	+ Arres	t	APPROXIM BETWEEN O	MATE INTERVAL MISET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSECUENCE	DUENCE OF	monary	fibro	2/5		many	y year.
	gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS GONSEQUENCE Pulmonall 2 years								ears
NO	PARTS OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN TO WAS THE OF PULL OF PULL OF THE PROPERTY OF THE PROPERTY OF THE PULL							Mean 110	
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	4430	AUTOPSY? 206	IF YES, WE CERTIFYING YES	ERE FINDING G CAUSES (GS USED OF DEATH? NO
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY C	CCURRED (E	NTER NATURE OF INJURY IN IT	TEM 18, PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211. LOCATION STREET		CITY OR TOWN	C	COUNTY	STATE
	sow the deceased alive of	pital) attended the deceased from	00	/2/ , 19_d that in (my) (our) o	78 , to pinion death o	occurred on the date of	nd hour one		hot (I) (we) los ouses stated
	22b. SIGNATURE TO SILV	Chovy	C	EGREE ATTEND PHYSIC		DICAL STAFF CTOR PHYSICIAN		3. Ta	in 78
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT) RAKSUY	/	22e. ADDRESS	WII	SON C	enh	er-1	and
230.	Burial, CREMATION, REMOVA	0 1050	11y H	METERY OR CREMA White Ma III Mem.	tory 23d Esham Garder	LOCATION LI TO	Mar	Shal	to. MªD
24. F	FUNERAL DIRECTOR	omas III, Abi	ngdon	, Md.	1 A N C	D. BY REGISTRAR 256. F	REGISTRAR	SSIGNATI	ready

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	401980	and and		NUMBER OF STREET
s ditt Edwill ave.				801
				والمخمسة

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funes should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after

retained by the hospital or ottending physician.

BP. DHMH - 16 50M 7/77 (VRA 15(4))

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO	GIENE REG. N	79	-003	81
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(1176	ANNA		F.	JOHN	ISON	JANUARY	30.	1979	9:50 an
1.	3. SE		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	
1	Fe	male	White		Octo	ber 13,190	8 70	YRS		HOURS MIN
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
55	44.	ryland	U.S.A		WIDOWE		BALTIMOR	E COI	UNTY	MD.
1	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
) 2		TOWSON	ST.	JOSEPH HO	OSPITA	AL .	Housewi	fe	Home	
32	13a. S	al residence (if nursing home of the last country land Bal"		1. GIVE RESIDENCE BEFORE 13t. CITY OR TOW 21212		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS EVES	ham	Ave.	
21	-	THER'S NAME	WIDDLE	LAST	4	15. MOTHER'S MAIDEN NA	MIDDLE		tewart	ST
2/	-	PODRICK VAS DECEASED EVER IN U.S. A	DMED EODCESS	Malsch 166 SOCIAL SECU	PITY NO	ULara I7. INFORMANT	ADDR	- 10	rewart	
1	(Y	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	THE SOCIAL SECO	KIII IIIO.		Johnson 8		'wesham	AVA.
-	NO	18 CAUSE OF DEATH (Enter of			Δ.	2011020 21				CIMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. 1F	GIVEN IN PART 1	NGS USED
Z	TIFIC						YES NO	III CER	YES [NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	DE INJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	JRY IN ITEM 1	B, PART 1 OR PART 2)	A SE
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that & (this has saw the deceased alive a above. & (we) (did) (200.22b. SIGNATURE	January January	he deceased from 19 y after death.	, ui	y 19 , 19 79 Id that in (94 (our) opinion DEGREE ATTENDING PHYSICIAN		late and t	haur and from the	that MC(we) last causes stated ESIGNED . 30,197
1		22d. PHYSICIAN'S NAME (TYPE	OFFRINT) E,	Ston	ner	714 Yor	K Rd.	2	1204	. 30,197
	- (BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		urial UNERAL DIRECTOR	1 4/2/	779 Du	Lane	y Valley	Baltimo	25b RFC	STRAP'S SIENA	TURE
3	24. 11	NAME NAME		ADDRESS		250.04	R 1 1070		July for the	

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

79-00384

REG. NO

79-00384 . Male more to., Ma. and the form of the property of the state of Herrison Hamman M. Hamman L. C. William N. Johnson 1212 03 3500 When, Welter Mice Whol Beyfield have. Runtel 1/27/79 Tuesdon Harbercon. Balkimome, VE. LANCE BEEN KEEP DRIVERS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00385

T.	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	FEG. NO.	-00385		
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR 2b. HOUR		
13 TP	Mar	v Agnes		Jonasson	January 20	1979		
3 SE		4. RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H		
	Female	White	Sep	t 10,1893 YEAR	85	YRS. DAYS HOURS MI		
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO			
_		U.S.A.	WIDOWI		Baltimore C			
	Towson	St. Joseph	s Hospi		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR Housewife	12b KIND OF BUSINESS INDUSTRY		
130	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN Baryland Bal	timore Par	ce before admission) or town kville	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 5 Tipperary	Court		
14. F	ATHER'S NAME	Braunba	rt	15 MOTHER'S MAIDEN NAM	ME (Unk)	LAST		
16a \	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) TIF YES, GIVE	WAR OR DAYES	01-3932	Mrs Charle	otte A Vorias	Same		
CERTIFICATION	PART 2. OTHER SIGNIFICANT C		ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE		200 AUTOPSY? 20b.	IN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
E					YES NO	YES NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	110110 1 11 11011	TH DAY YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	220.1 certify that (1) (the hospital) attended the deceased from 3 5 (5 19 1, to 19 4), that (1) (we saw the deceased alive on above. (1) (we) (dot) (idd not) view the body after death 19 19 19 19 19 19 19 19 19 19 19 19 19							
	226 STONATURE GOOD W	V. Min		DEGREE ATTENDING PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED		
	22d. PHYSICIAN'S NAME {TYPE OF		0	3009 Evergy	reen Ave. Balt	imore. Md. 2121		
230 (BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
24 F	UNERAL DIRECTOR CONTROL OF RUCK,	1 / /		250. DAT		ore, Maryland		

00000-61			
1 1791 (52 persons la	nonnanal.	esaga	organism units
	Control Ages		p.St.Dis.
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otte a Verine Laure	COMPANY OF SER	E-10-113	or.
			duil a blace
green ave. althouses, 141, 2			

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00386

		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	10.		100
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		YEAR	2b. HOUR
9.3	(TYPE	OR PRINT	rryman Collise	on Ko	arow	January .	22, 1979	9	
	3. SE:		1 RACE		OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
	M	lale	White	Sen	t. 20, 1908		MON	NTHS DAYS	HOURS MIN
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	DVO 0		9 BALTIMORE CITY	OR COUNTY O	EDEATH	
24	CI	OUNTRY)	$U_{\bullet}S_{\bullet}A_{\bullet}$	MARRIE	D M NEVER MARRIED			DEATH	
2		iry land	11. NAME OF HOSPITAL, NU	WIDOWI		Baltimore		101 KIND C	MD. OF BUSINESS OR
00	Lo	ch Raven	(IF NOT IN SUCH FACILITY, GIVE ST 1713 Edgewood	Reet Address)	21234	Insurance	OF WORKING LIFE) Adjust	INDUSTRY	F BUSINESS OR
27	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Mary land Balti	VIY 13c CITY OR I	OWN	13d Inside City Limits? Yes \to NO \textbf{\textit{M}}	Henry Ro. 1713 Edge	se Comp wood Ro	any ad 21	1234
13	14 FA	Gustav Karow	MIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST FIRST	e Collis		LAS	
	16a V	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES!		17 INFORMANT Mrs.				21776
2	IV	lo none	215-05-	-2766A	2302 Marston	Manor Lane	New W	indsor	, Md.
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b)	ond ic				BETWEEN	IMATE INTERVAL ONSET AND DEATH
2		PART I. DEATH WAS CAUSE		zin on	woffing			1 cr	2
	1991) DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which (b) the aments M'								
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
		underlying cause last	Cei	0021102 01				130	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	NDITION GIVEN	IN PART 10	01
	NO.	Hard							
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	NGS USED
d	III	Deef 977 1 Ac 197	& Concery	Vana	ers	YES NO	YES [□	NO [
G	H.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)	
	A	OR CONTRIBUTING CAUSE OF DEA	NIP .	19					
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f. LOCATION	CITY OR TO	\\A/h.i	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFF	ICE, PARM, ETC.	J. Well	CIII OK 10		COUNT	31615
		22a I certify that (I) (this hospi	ital) attended the deceased fro			_ to Jan	. 19		that (I) (we) last
7		sow the deceased alive on	at) view the body after death.	9 79.0	nd that in (my) (our) opinion	death occurred on the c	lote and hour a	nd from the	couses stated
<u> </u>		22b. SIGNATURE	view inc dody and doom.	- 11	DEGREE			22c. DATE	SIGNED
		720-0A	Zile/11	2///	ATTENDING PHYSICIAN	MEDICAL STA		1/2	4/19
		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS			1 14	
		Dr. Elliott	t R. Fishel		16 Sov	ith Eutow S	treet		
	23a. 8	BURIAL CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			****
	(SPECIFY Burial	1/25/79	Take The	en Mem. Park	Sukesui		rrro11	STATE MA.
	24 FU	UNERAL DIRECTOROTING		Dinocto	ns P. A. 250 DAT	E REC'D. BY REGISTRAF		R'S SIGNAL	WRE .
	8	728 Liberty Roa	d Randalletan	n MA	21177 11	N 23 1079	perfor	y/Kal	reading
			a through to tou	the I'llle		- '		-	

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or ottending physicion.

STATE OF MARYLAND 79-00387 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) a therino avana 1979 January 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS HOURS 28 White 1890 88 Female Jan. IN BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County .S.A. Maryland WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Summitt Nursing Home Catonsville MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1131 COUNTY
1131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 520 Maude Avenue Maryland YES T NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME N Ellen FIRST Hanley Patrick Marv McDonough John ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-03-97 James Kavanagh SAMEAS 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Peripheral Vascular (olapse IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ä PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, CERTIFICATION erebral ischemia pheral circulation 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED P ö IN CERTIFYING CAUSES OF DEATH? NO YES [NO [ransit p Hygier sho 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION ā 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Jeplember anuari 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an Januaru and that in (my) (our) opinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death TO FUNERAL DIRECT should be detached fixed with the State Dept. of 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS James E. Rowe, M.D. Common Wealth Avenue 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY (SPECIFY) 26-Burial Holy Cross Cemetery Balto. Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN ATUPE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Ritchie Highway (VR A 15 (4)) 4001 George J. Gonce

79-00387			
27 E 1979	mas ,	and the second	
	25 1890	usu etid	n lemal
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tell mell	year	f personal tackts	n av
		oth Constitution	

nerol director, page 3 in 72 hours ofter death

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

79-00388

REGISTRA	8		CERTIFICATE OF	DEATH	REG. NO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Park Street
1. DECEASED NA	ME FIRST	MIDDLE	LAST	0	20. DATE OF DEATH		26 HOUR
(TITE OK PRINT)	JOHN	H.	KEHRING	Sr.	JANUARY	3, 1979	8:05 p
3. SEX		BAGE	5 DATE OF BIRTH	, C YEAR	6. AGE (IN YEARS LAST BIRTE	HDAY) IF UNDER 1 YEAR	
Mali	e, (Caucasia		1897	\ \delta	YRS.	
70. BIRTHPLACE	STATE OR FOREIGN 7	L CITIZEN OF WHAT COUN	MARRIED NEVE	R MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	H.E.L.
Ma	٧.	U.S. H		DIVORCED [BALTIMO	RE COUNTY	/
10 CITY OR TOW	N OF DEATH	 NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S 		ISTITUTION	12a. USTIAL OCCUPATION OF MOST OF		O OF BUSINESS (
TOWS		ST. JOSEPH HO			Retired	2 10	ice.
130 STATE	E (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE		CITY LIMITS?	130 STREET ADDRESS	linton.	St.
14 FATHER'S NAM	Elnkni	IDDLE LAST	15 M9THE	R'S MAIDEN NA	WE	Ken	ÂST
160 WAS DECEAS	ED EVER IN U.S. ARM	AED FORCES? 166 SOCIALS	SECURITY NO. 17 INFOR	MANT	ADDRE	SS COL	1,1
PS	IN L	NI 218.3	6.2359 400	it V. Te	hring Si	c. 7160.CI	INTON
		y one couse per line for (o), (b	1, gad (c).)	c 8		APPRO BETWEE	OXIMATE INTERVAL
PART I.	DEATH WAS CAUSED IMMEDIATE		le V	4		/	work
420	97	DUE TO, OR AS A CONS	0.				
Conditions	, if ony, which	(16)	en osc	ul	- Curo	5:20	yeu
	to immediate	DUE TO, OR AS A CONS	FOLIENCE OF	100	The contract of		0
underlying		(6)	LOOLINGE OF				
	HER SIGNIETSANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED,TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART	1(0)
CERTIFICATION 1100 DATE O	Ve.	sp ruf	my la	- Cu	le-		
S 190 DATE O	FOPERATION	CONDITION FOR WI	TICH OPERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
E					YES NO X	YES 🗌	NO [
OR COLUMN	IT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	2)
(IF EITHER, NO	OTIFY MEDICAL EXAMINER)	P.M.	19				
<u> </u>	OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC.) 211 LOCA STRE		CITY OR TOW	'N COUNTY	STATE
AT WORK	NOT WHILE AT WORK			30.1349			
22a I certif	y that X (this hospite	ol) ottended the deceosed fr	Movember 3) 19 78	January	3 19 79	_, that (we)
sow the	e deceosed olive on (we) (did) (MdXoX	January 3 view the body ofter deoth.	19, and that in (2)	(our) opinion	death occurred on the do	te and hour and from t	he couses stated
22b. SIGNA		11 (1)	DEGREE			. /	TE SIGNED
1772	wi lu	1. 10	M.C.	PHYSICIAN E	MEDICAL STAF		t Day
22d PHYSIC	IAN'S NAME (TYPE OR	PRINT) O C. 4 C	22e. ADDF				
1781	er to	1. PATE	1 00 703	S. Clin	ton St., Ba	ltimore, MD	21224
230 BURIAL, CRE	MATION REMOVAL	23b. DATE	234 NAME OF CEMETERY O	B-CREMATORY	23d TOCATION	7)	11 1
JUNECIEV) V	10	1.8.79	Oak Lauren	PAL	II WIII	ore County	I ANTE
M FUNERAL DIR	CTOR . I A		11/1/4/10/10	250 DAT		25h. REGISTRAR'S SIGN	SURE
Thomas	0 4 1/24	TIANIS 3010	divican	(A)	11 0 10/0		
INICIM	LA M. TITLE	しん(コロ) ハン 人しん	11/1/2000	-		99	9.0

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and coi should be defacthed for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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					Calmina P		
21221	i. ozo,	ton (.j 105	ili.	703			

2b HOUR IF UNDER LYEAR IF LINDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Clerical 973 Radcliffe Road Dorev APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [COUNTY STATE 22c DATE SIGNED

DHMH - 16 50M 7/77 (VRA 15 (4))

24. FUNERAL DIRECTOR

ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JAN 2

STATE OF MARYLAND

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FOR

STATE OF MARYLAND

79-00390 Management and the first terms of the second A STATE OF THE STA Careful Section Board Bar STERRY Add Lands VI DO secret in the state to the secretary G. TOTAL VILLE TO A which was the transfer of the first of the f

George A. Weber & Sons. Inc .- 705 S. Ann St.

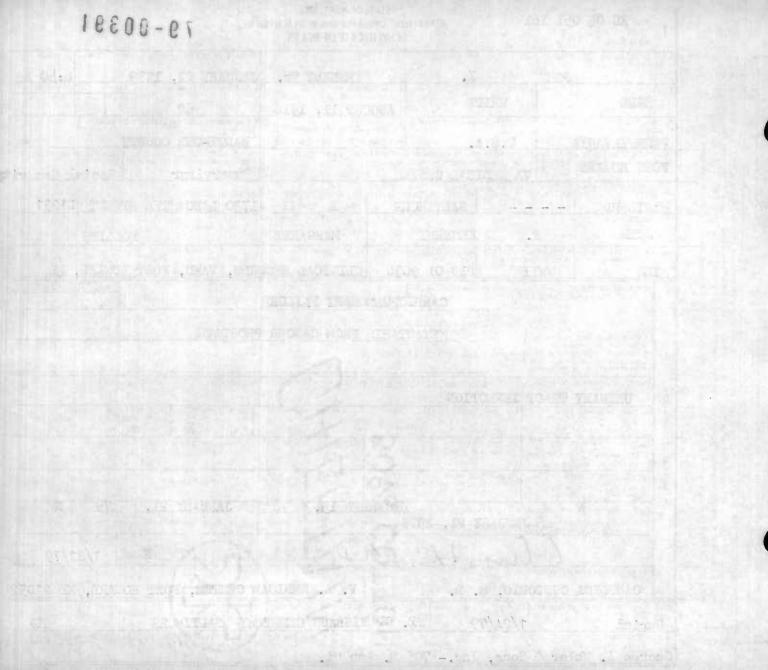
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10391

FOR XC 04 051 161

- STATE



requires that the death certificate be executed within 24 haurs after death. Page 4 may be

should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 half with

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or ather traumatic event, the medicokexam

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00392

REGIS	TRAR				CERTIF	ICATE OF DEATH	REG.	NO.	00.	
DECEASED	NAME	FIRST	1	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(TO COMPANIE)	Frede	erick	Jo	hn	Kerr	ner	Januar	cy 22, 1	.979	
3. SEX		4.1	RACE		5 DATE C		6. AGE (IN YEARS LAST !		NDERIYEAR	IF UNDER 24 HRS
	Male		Wh	ite	12	2/12/1915	61	YRS	IHS DAYS	HOURS MIN
BIRTHPLA	CE STATE OR FOR	REIGN 76	CITIZENOF	WHAT COUNTRY?	8 MARRIE	DEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
Mary	land			S.A.	WIDOWE	D DIVORCED	Baltimo	ore Cour	nty	M
	OWN OF DEAT	H 11.	NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		126 KIND O	F BUSINESS O
Dund	lalk		34	26 Yorky	vay	-21222	Painter			Bldgs
ISUAL RESID	ENCE (IF NURSIN		ER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRES	S	0101	20
	land	Balte	٥.	Dundal	ζ		3426 Y	orkway	-2122	2.2
I. FATHER'S	FIRST	MIDD		LAST		15 MOTHER'S MAIDEN NAM			LAS	T
Char		F		Kerne		Adelaide			Loef	fler
	EASED EVER IT	U.S. ARMEI (IF YES, GIVE WA	R OR DATES)	166 SOCIAL SECU		17 INFORMANT		PRESS		
Yes		I WW	I	216.09.	1335	Ruth L. Ke	ernerSa	ame as .		
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4 19a DA	TE OF OPERATI	ÓN	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
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OR COM	TRIBUTING CA			M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1	OR PART 2)	
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AT WORK	NOT WHIT	E 🗆	(AT HOME, SIR	ter, FACTORT, OFFICE, FA	ikm, EIC.)	J. T.	CITORI	0	001411	SIAIE
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sav	w the deceosed	alive on	1/7	19	19/00	nd that in (my) (our) opinion d	death occurred on the	date and hour and		
ob	ove, (1) (we) (die	d) (did not) vi	ew the body	ofter death	/	DEGREE			22c. DATE S	
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	reo	610	クシ	Signer		PHYSICIAN X	DIRECTOR PHYS	ICIAN	1/24	,1979
22d. PH	YSICIAN'S NAM	AE (TYPE OR PRI	NT)			22e ADDRESS				
The	eodore	C. P	atter	son, M.	D.	3427 Dunda	lk Ave.,	Dundal	k, Mo	d.2122
a BURIAL	CREMATION, R		3b. DATE			EMETERY OR CREMATORY	23d. LOCATION			
(SPECIFY)	rial		1/25/			awn Cemeter	CITY OR JOWN .	more cou	NTY	Md .
. FUNERAL			-/ 23/				REC'D. BY REGISTRA		SSIGNA	RE .
NAME				ADDRESS	D = 7	1.101	N 2 6 1979	intray	TROU	ready
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Inc.,

Balto.,

Walter Brooks Bradley

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law

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STATE OF MARYLAND

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7		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00	394
e 6 - 1		CERTIFICATE OF DEATH	
page 3		ECEASED-NAME First Middle Last 2a. DATE OF DEATH (ype or print) Month Doy	79 Year 2b. HOUR
State	3. SI	VIETOR - RIEN 17-10-	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the	3. 31		MONTHS DAYS HOURS MIN
Pa //9	7o.		· IMORE CO Md
-	10. 0	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
shauld b		Balto, Co. Garrison Valley Center Proximation working life, even if retired.)	RT4/RAMING
4692	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before lab COUNTY Ba LTD YES NO 2501 Apace	HE CIRCLE
1 and hours	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
completely Pages 1 and hin 72 haurs		SAMUEL KLEIN SALLY FRII	EDMAN
D =	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es not or unknown) (If yes give wor or dates of service) 578-48-2305 KATHLEEN K. SHEWEZ-ASIN	1 138
on yab		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
arban p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corebro UARC accordent	Indicate
2. Se 60		436 - DUE TO, OR AS A CONSEQUENCE OF A CLASS	11200
remove and in	1	Conditions, if any, which gave rise to immediate cause (a), Station the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF	yest -
avai		last. (c)	
C		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
nit. Ther	S S	Ca d Prostato	NCIDEDED IN CEDITIVINO
Deru emo	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION EDR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS COL	NSIDERED IN CERTIFYING
burial, cr	MEDICAL CER	21a. ACCIDENT WAS UMBERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notity medical examiner) P.M. 19	em 18.)
prior to b	ME	21d. INJURY OCCURRED While Not while of work Not work of the Building, ETC. Not work of the Building, ETC. Not work of the Building, ETC.	County State
as 1	1	22a. I certify that (1) (this hospital) attended the deceased fram AMTCM, 1978, ta AMTCM, 1978	22, that (1) (we) last
Hygi		causes stoted obove, (1) (we) (did) (did not) view the body after deoth.	e and naur and from the
detached fo		ATTENDING MED STAFE AND	ATE SIGNED 1030
- 0		22d. PHYSICIAN'S NAME (Type) L. B. 45 NWD 22e. ADDRESS SO SCOTT ADAM Rel C	ockasville No
shauld be of Health	230	BURIAL REMATION) 23b. DATE 23c. NAME OF THE PROPERTIES OF CREMETORY OF TOWN)	(Caunty) (State)
-	24	PUNERAL DIRECTOR ADDRESS PUNERAL DIRECTOR ADDRESS DIRECTOR ADDRESS DIRECTOR ADDRESS DIRECTOR ADDRESS DIRECTOR DIRECTOR ADDRESS DIRECTOR DIRECTOR ADDRESS DIRECTOR DIRECTO	IONALIEV .
6 1/71 30M	24.	BCadle 1120 De B. L. Park Distance 100 pail AN 10 1979	The Bready

STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distributed for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. OR ATTENDING PHYSICIAN: The low retained by the hospital ar ottending physician.

injury, or other traumotic event, the

IMPORTANT: If them 21 is marked at them 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

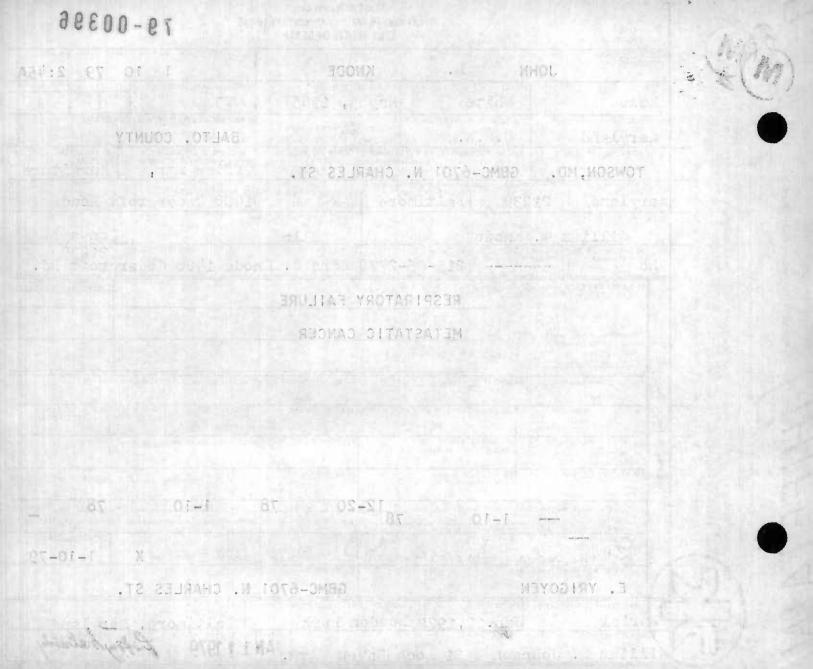
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ı	1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	3 - 0 0			
		EASED NAME	FIRST	27	MIDDLE	ho	LUITE	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU	RR
1	3 SEX		LUC	4 RACE	<u></u>	5 DATE C	-010-	6. AGE LINYEARS LAST BI		ER I YEAR	IF UNDER	SO M
	3 3EV					MONT	OAY YEAR	B. AGE IN TEAKS LAST BE	MONTHS		HOURS	MIN
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4		UNTRY)	-			MARRIE	DXX NEVER MARRIED			EAIN		
4	10 CIT	Mary Lo		US		WIDOWE	D DIVORCED DIVORCED	Baltimor	e County	4515.01		MD.
A		ndallstown		(IF NOT IN SUC	H FACILITY, GIVE S	REET ADDRESS)	eral Hospital	(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN			
1	USUAI 13a. ST	L RESIDENCE HE NURS		OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)				0110	001 000	200,0
	130. 31	MD	Balti	more	Pikes	ville	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 602 Mil	itary Ave	2.		
	14. FAT	THER'S NAME		12 -			15 MOTHER'S MAIDEN NA	AME	N. See See See See See See See See See Se	15-6-		
4		Robert		WIDDLE	Klug	ge	Hermine	WIODIE		Pul	lfir	st
1		AS DECEASED EVER	IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIALS	ECURITY NO.	17 INFORMANT Mrs	. Bessie E.	RESS Tuge			
		No	_		212-03	948190A	602 Military	Ave., Balt	imore, MI	212	08	
ľ		18. CAUSE OF DEAT	H (Enter or	ly one couse per				t		APPROXIM		VAL
1		PART I. DEATH W		D BY: TE CAUSE (0)		rard	hac arre	st	1000	1/21	hr-	
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1		gave rise to imr	nediote) 10)_			713-7107				7 4	
1		underlying couse		DUE TO, O	r as a conse	OUENCE OF						
1	1	PART 2. OTHER SIGN	NIFICANT	ONDITIONS CO	DNIRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COL	NDITION GIVEN IN	PART 1/a	,	
1												
9	CERTIFICATION	90. DATE OF OPERA	TION	19b. COND	TION FOR WH	TON FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WER	EFINDING	GS USED	
4	Ĕ							YES T NOT	IN CERTIFYING YES	CAUSES	OF DEAT	
힜	*	210. ACCIDENT WAS UNE	DERLYING [21c. HOW INJURY OCCUP			R PART 2)		_
		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		(111		DAY YEAR	100 mag - 110 m					
1	MEDICAL	21d INJURY OCCUR		P.		19	211. LOCATION					-
1		WHILE NOT WE	HILE T	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TO	OWN CO	YTNU	ST	TATE
ı		220.1 certify that (I)	-	talkattandad th	a decented for		29 10 3	9 . 100	30 10	79.	h	0
		sow the decease	d alive on	-dan	30	30	nd that in (my) (our) opinion	death accurred on the	dote and hour and	from the c	ouses sta	ejosi
1	+	27b. SIGNATURE	didi)(did no	1) view the body	ofter deoth.		DEGREE			2c. DATE S		
	19		m	V. Ja	ca	W	ATTENIDING	MEDICAL STA	AFF \	1-	BA.	. 79
Н		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	2		22e ADDRESS	C A	CIANTE			
1	8.5			M. H	Paksa		Bat	to Uty.	Gen'	H	050)
1	23a. BL	JRIAL, CREMATION,	REMOVAL	23b. DATE	T	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				7.5
	(SF	Burial	(18)	2/3/	79	Druid H	Ridge Cemeter	u Pikesvi	lle Balti	more	STA M.	
1	24. FUI	NERAL DIRECTOR I	orino			Direct	tors. P. A 250. DA	TE REC'D. BY REGISTRAL				
	872	28 Liberty	Rd.	Randal	Istown.	MD 211	FEB	1 1979	morry s	(Call	day	

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL



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FOR		STATE OF MARYLAND	70 00	200
1 - STATE REGISTRA	AR	CERTIFICATE OF DEATH	79-00 REG. NO.	330
1. DECE ASED NA (TYPE OR PRINT)	Buth A.	LABERGE	26. DATE OF DEATH MONTH D	4 19 936,
Fem.	ale White	S DATE OF BIRTH / MONTH DAY YEAR, 2 94		IF UNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
70. BIRTHPLACE	STATE OF FOREIGN 76 CITIZEN OF WHAT	COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County	CO M
III CITY OR TOW		TAL, NURSING HOME OR OTHER INSTITUTION TY, GIVESTREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY
D P P III		ITY OR TOWN 13d. INSIDE CITY LIMITS? YES NOX	130. STREET ADDRESS	Will Rd.
14 FATHER'S NA	ME MIDDLE Atc.	15. MOTHER'S MAIDEN NAM FIRST MET 4	MIDDLE	he//4 LAST
TO SO	KNOWN) (IF YES, GIVE WAR OR DATES)	3-07-9118D Stella Ma	HIS Nospice Touse	Dulaney Valley 1
ng physicio removoling the part the part the part in t	OF DEATH (Enter only one couse per line for DEATH WAS CAUSED BY	rebral Nemorrha	ye	BETWEEN ONSET AND DEATH
A do o o o o o o o o o o o o o o o o o o	ns, if any, which the to immediate oil, stating the last. DUETO, OR AS A (c)	CONSEQUENCE OF		
		BUTING TO DEATH BUT NOT RELATED TO THE TERM		
CERTIFICATION STATE OF THE CATION OF T	OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING ABUTING CAUSE OF DEATH HOUR A.M. A NOTIFY MEDICAL EXAMINER)	IRY NONTH DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
After this cert of so the down of the cert of so the cert of		URY LTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
opodo t woo t is is	the deceased alive on the body ofter of the body ofter of the deceased alive on the body ofter of the body o	19 29 ond that in (my) (our) opinion of	to, 1 death occurred on the date and hour	9, that (I) (we) lost and from the couses stated
AL DIRECTOR AL DIRECTOR AL DIRECTOR AL DIRECTOR AL DIRECTOR AL DIRECTOR AND	ATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/27/79
MAPORTANIE STORE DATE OF THE S	LEE Robbin	5 /205 4 6 K	KRd Luther	ville Md. 2104
230 BURIAL, CRE	emation, REMOVAL 23b. DATE 1-30-79	234. NAME OF CEMETERY OF CREMATORY Oaklawn Cemetery	23d LOCATION CITY OR TOWN Baltimore, Ma	county STATE
1-16 50M 7/77 24. FUNERAL DIR		AODRESS 1050 York Road 250. DAT	EREC'D. BY REGISTRAR 256 AEGISTA	PAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

injury, or other troumotic event,

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00399

		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG.	0000				
		CEASED NAME DORC	PIRST THY		MIDDLE		AMBDIN		January		1979	Zb HOUR		
	3 SEX	Female		4 RACE Whit	e	5. DATE OF BIRTH Dect. 25, 1923			6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN		
5		RTHPLACE STATE OR FORE	IGN	U.S.		WIDOWE		ED 🗆	Baltimore City		nty	MD.		
	R	TY OR TOWN OF DEATH		8855	ontana La	nddress)	OR OTHER INSTITUT	ION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	OF WORKING	LIFE) 126 KIND C INDUSTRY	OF BUSINESS OR		
う	Ma Ma	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR MATYLAND BALTIMORE ROSSVIL				ADMISSION) N .e	134 INSIDE CITY LI YES 🔏 NO	IMITS?	13. Siree ADDRESS Fontana Lane					
2		4 FATHER'S NAME Otto Scholtz					15 MOTHER'S MA FIRST		WIDDLE	Washlof				
	16a W	NOOOR UNKNOWN)	MED FORCES? WAR OR DATES)	345	yno. 17. Informant ADDRESS Alfred Lambdin Same									
1	CERTIFICATION					DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE OPERATION WAS PERFORMED 200 AUTOPSY? 120b. IF YES,			IVEN IN PART 110	NGS USED				
	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRE! WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (1) saw the deceased above, (1) (we) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAM Dr. David	USE OF DEA	P. 21e PLACE (AT HOME, STE (AT HOME, STE (AT HOME, STE (AT HOME) AT HE BODY) APRINT)	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e deceased from	19 ARM, ETC.)	211 LOCATION STREET , 15 nd that in (my) (our) DEGREE ATTEN PHYS 22e ADDRESS	opinion de	CITY OR TO eath occurred an the MEDICAL ST DIRECTOR PHYS	OWN date and ho	COUNTY	STATE that (1) (we) lost couses stated		
	(5	Burial, Cremation, respecies Burial	MOVAL	23b. DATE Jan. 26	エフィフ		EMETERY OR CREM				, Maryla			
	24 FL	Leonard J.	Ruc	k, Inc.	Baltim	ore,	Maryland		2 3 1979		TRAR'S SIGNA			

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

etained by the hospital or attending physician.

MPORTANT: If Item 21 is morked or Item 18 shows ony

AND THE TRUE TO SECOND AND THE PROPERTY OF THE PARTY OF T

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the bunal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed wow, the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

funeral director, page 3 thin 72 hours after death

	STATE OF MAR
OR	DED ADTMENT OF HEALTH AN

YLAND ID MENTAL HYGIENE

00400

11	- STATE REGISTRAR		DEI ARTH		ICATE OF DEATH		/ 9 - L	1040	U
	ECEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEA		DAY YEAR	26 HOUR
	MATILDA		L.	LAN	DAUER	JANUARY	26, 19	79	6:50
3 St	Female	4 RACE White	9	5. DATE C		6 AGE (IN YEARS L	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
20 · B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE C	11101		
1	TOWSON	Multi-	HEACHUTY, GIVE STREET A	G HOME CONTROL	escent Ctr	12a USUAL OCC	JPATION AOST OF WORKING LI	12b. KIND (Food
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Maryland Howa		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO 🛣		natham R	oad	
14 F	ATHER'S NAME FIRST Harry	MIDDLE	Filbert		15 MOTHER'S MAIDEN NA/ FIRST	MIE	DDLE	LA	ST
		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT EII. 1r. Lee Lenda	icott Cir uer, 391			IMATE INTERVAL ONSET AND DE
CERTIFICATION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	CONDITIONS CO	RAPACONSEQUE CONSEQUE CONTRIBUTING TO D	NCE OF LEATH BUT	NOT E SYNTEMENT OF THE PERMITTER IN WAS PERFORMED	yocan Introduction of the control of	20b. IF YE	ZEN IN PART 11	NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES NO		PART 1 OR PART 2)	NO []
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC.)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no			g ar	d that in (my) (aur) apinian o	death accurred an	the date and had		
	Mullain	1.1	Brypor	2		MEDICAL DIRECTOR P	STAFF HYSICIAN []	29 C	Jan 1
	Dr. Willia	m J. Br			Westview Mal			ld. 2122	28
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/29/7	9 Lo	rrain	e Park Meusol		Eimore,		
	FUNERAL DIRECTOR 1630 E					AN 30 19	79 Z	TRAR'S SIGNA	TURE LECTION

BP DHMH - 16 50M 1/76 (VR A 15 (4))

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director, page 3 hours after death by # DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 filled ould b mpletely ond 2 s puo 0 0 3 ber

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYG	IENE 79	-00	4 (11		
	REG. N					
	2a. DATE OF DEATH	MONTH DA	Y	YEAR	25. HOL	JR
	JA	N. 26,	19	79	7	A,
	6. AGE (IN YEARS LAST BIRT		_	RIYFAR	IF UNDER	
	80	YRS.	ONTHS	DAYS	HOURS	WIN
	9 BALTIMORE CITY O	R COUNTY C	OF DE	ATH		74
	BALTIMOR	E COUNT	ΓY			M
	120. USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE			KIND O USTRY	F BUSIN	ESS OF
S?	13e STREET ADDRESS 417 CHUML	EIGH RI	D.			
INAM	WIDDLE	CO	NINI	OLL'S	1	78
	4000		TATA	JLLI		
WA	TTS 207 BRA		D.	212	12	
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-	Leven	nin		200	7 -	DIAM
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					Fo.	
TERM	INAL DISEASE OR CON	DITION GIVE	V 1N 1	PART I(o	11	
	20a AUTOPSY?	20b. IF YES,				
	YES NO	YES	_		NO [
CURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	TIOR	PART 2)		G

REGISTRAR DECEASED NAME FIRST LAST (TYPE OR PRINT) IDA C. LAPPE 3 SEX 4 RACE 5 DATE OF BIRTH MONTH FEMALE WHITE FEB. 1898 22, BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED USA MARYLAND WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON 417 CHUMLEIGH RD. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMIT TOWSON MD. BALTO. NOX 4 FATHER'S NAME 15 MOTHER'S MAIDEN FIRST MIDDLE LAST **JAMES** SMITH NELLIE A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) 213-74-0634 BARBARA L. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OC or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL EIF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREETAFACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE morked WHILE 22a.1 certify that (1) (this haspital) attended the deceased from If Item 21 is and that in (my) (our) apinion death accurred on the date and haur and from the causes stated id nat) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: YSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS HOMER C. HOUSE 3432 FREDERICK AVE.

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DHMH-16 50M 7/77 (VRA 15 (4))

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY BURIAL JAN. 29, 1979

23c. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEM.

23d. LOCATION CITY OR TOWN BALTIMORE

COUNTY

STATE

24. FUNERAL DIRECTOR ADDRESS MITCHELL WIEDEFELD HOME 6500 YORK RD.

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WALLS SOL BRUREDOWN	. I (65/62/0)	13-74-7636		

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND A

MENTAL HYGIENE CERTIFICATE OF DEATH

79-00402

	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	79-00	402
6		CEASED NAME FIRST OR PRINTI	G.	Lawson	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR A
	3. SE)		1 RACE Caucasian	5. DATE OF BIRTH MONTH DAY YEAR (2) 21	6. AGE (IN YEARS LAST BIRTHDAY) IF UMON	UNDER LYEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN
5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY OF	DEATH
5	10 CI	ty or town of DEATH andallstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore County	128 USUAL OCCUPATION 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY. Self-Employed Shamrock		
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN aryland Balti	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	13e STREET ADDRESS Maintain 7205 Campfield Ro	ice Inc.	
32	14 FA	THER'S NAME FIRST George La	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Catherin	ne Dargan	LAST
1	{Y		MED FORCES? 166 SOCIAL SECU WAR OR DATES! 169-16-56		Eleanor Bootson Id Road Balto. Md.	
9	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause to, stating the underlying cause lost PART 2 OTHER SIGNIFICANT O	DUE TO, OR AS A CONSEQUIDATION OF A CONDITION FOR WHICH	ENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TRAN WILLOW CON C. OF	YES NO YES	VERE FINDINGS USED IG CAUSES OF DEATH?
7	MEDICAL CER		HOUR A.M. MONTH D	AY YEAR 19 21f LOCATION STREET	CITY OR TOWN CITY OR TOWN 19. death accurred an the date and have are the difference of the differen	COUNTY STATE
1		22d. PHYSICIAN'S NAME (TYPEO)	1 S Peksa	22e ADDRESS Ball	to (ty buil	Hoop
	24. FL	urial, cremation, removal Burial Juperal directorLoring 28 Liberty Road	1/10/79 W	NAME OF CEMETERY OR CREMATORY Coodlawn Cemetery P.A. 150 DA Maryland 21133	Woodlawn Balto TE REC'D. BY REGISTRAR 25b. REGISTRAR	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be fawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VR A 15 (4))

79-00403			
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BALTO. COUNTY			
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	MARIAN CANCER	n thein	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1-	FOR STATE REGISTRAR	DEPARTMENT	OF HEALTH AND MENTAL HYGIE NINER'S CERTIFICATE OF DE	7 11 1	00406
8 # 2 % F.		CEASED NAME FIRST	ephen R	Leisey	20. DATE KNOWN MONTH OF ESTI- TEATH MATED 1	24 19 79 26 HOUR
NECESSARY, PLEASE FUNERAL DIRECTOR FOR YOUR FILE WITHIN 72 HOUG PRESTON STREET		ale white	fort of all strains	IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS RTHDAY) MONTHS DAYS HOURS MIN	PRONOUNCED DEAD 1	26 19 79 24 HOUR 2:30 p: M
	FC	IRTHPLACE (STATE OR BREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED N	9. BALTIMORE CITY OR COUN Baltimore	County MD.
DELAY IS NE TO THE FU TO THE S BE FILED, V		TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR WOODS OFF ECH RO	ome, or other institution (12a, U) ess) ad	SUAL OCCUPATION (IYPE OF WORK RACKT OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ORDA 3		TATE 13b. C90	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD ITY / 13c. CMY OR TOWN		912 2 14112	
RE, MD RE AND RE		FIRSTaymund	MIDDLE ISIS / LAST MED FORCES? / 166, SOCIAL SECI	15. MOTHER'S MAIDEN NAMERS PRIST PRI	BURKIZ	LAST
BALTIMOURS AFTER B. GIVE PAWITH FOIL PAGES I DIVISION		ES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 213-48-	3785 FAMILY K	Pricorus	APPROXIMATE INTERVAL
2 2 8		PART I DEATH WAS CAUSE	ly ane couse per line far (a), (b), and (c). DBY: Asphysia by TE CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN	hanging CE OF		BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 RING THE WORD "PENDING". IN PENCIL IN ITER RDED TO THE CHIEF MEDICAL EXAMINER ALO RDED TO THE CHIEF MEDICAL EXAMINER ALO RDED TO THE CHIEF MEDICAL EXAMINER PRO RDED TO THE CHIEF MEDICAL EXAMINER PRO RDED TO THE CHIEF AND MENTAL HYGIEF PRIOR TO BURRAL, CREMATION, OR REMOVAL.	rion	Lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 $\langle \alpha \rangle$.		
VITAL REC	CERTIFICATION	19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH C			20. AUTOPSY? YES XX NO
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., R. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO TE. WRITING THE WORD "PENDING" IN PENCIL IN TIEM 11 DRWARDED TO THE CHIEF MEDICAL EXAMINER ALONG E. PAGE 3 SHOULD BE USED AS A BURBAL-TRANSIT PERMIT E. STATE DEPARMENT OF HEALTH AND MENTAL HYGIENE, 2.1201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.	MEDICALCE	UNDERLYING STAR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOM	79 found hanging	CITY OR TOWN CO	UNITY STATE Balto.Co. MD
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGTER DEATH, WITH THE STANDER. BALTMORE, MARYLAND, 212			re of the remains described above, held or all causes Accident	In Autopsy XX, Inspection,	Inquiry , and in my operermined manner ,	pinion
MEDICAL I ECUTE THE (GE 4 SHOR OFUNERAL I TER DEATH,	-	EXAMINER'S NAME Virgi	nia L.Dolan, M.D.	ADDRESS_111 PennS	DICALEXAMINER SIGNE	
BP	(\$	JURIAL DURIAL	36. DATE 1-30-79 35 NAME OF	N'S LEAR LONG GRIEFY		PTY HO CO STATE
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. F	NAME VANS TUNFRA	1 Oin proofs 8800 HAM	THE SE JAN 3	1979 PEGISTRAR'S S	ACRAGE.

which were strained

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-stonsis permit. Then please remove carbompopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, or other traumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows ony

medical examiner must be patified

STATE OF MARYLAND

FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00407

		REGISTRAR			CERTII	ICAIL OI DEATH	REG. N	0.			
П		CEASED NAME FIRST OR PRINT)		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR	A.
		Margaret	N	W	Levi	nard	1-29-79			11:32	M
	3 SEX	_	4. RACE		S. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 H	
	+	emale	White	2	7-	22-1903	75	YRS	MONTHS DATS	HOURS , MI	17
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY				
	B	alto. Md.	U.S.	A.	WIDOWE		Baltimo	re (ou	inty		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS	
0		Baltimore	1028	Marleigh	(irc	le -21204	Home No.		E) INDUSTRI		
45	USUA Tan S	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIMITS?			112 223		0.00
5	100. 3	TAMA. 136 Ba	ito.	Balto.		YES NOW	13. STREET ADDRESS	rleigh	Rd2	2/234	
	II FA	THER'S NAME	MIDDLE	LAST	44-14	15 MOTHER'S MAIDEN NA	ME		LAS		
3/		Partick Fin	recan	LAST		Marge	ret Maguir	2	LAS	il .	
	16a. W	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS	Tours	n -212	20/
	(4	(IF YES, GIV	E WAR OR DATES)	216-01-16	749	Mrs. Bertha 1	Vicholson-2	4 1008	Mayei		101
		18 CAUSE OF DEATH (Enter of	nly one couse de	line for part to and	dic T	-		1	APPROX	MARE INTERVAL	TH .
		PART I. DEATH WAS CAUSE	D BY. TE CAUSE (0)	Melas	lali	a Cance	morna o	1 am	6	mor	Mes
		1279 MMEDIA		D. course	A. A.		1.1	1	1-1		/
		Conditions, if any, which	DUE TO, 9	AS A CONSEQUE	40	anguin	wo MA	more			
		gave rise to immediate cause (a), stating the	(6)	04.400			(///			N S III	
		underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF		////				
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	ANALDISEASE OR CON	DITION GIV	EN IN PART 1/	n)	=
	NO O										
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	VGS USED	
1	IF		1000				YES NOT		YING CAUSES	NO	
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P.	ART I OR PART 2)		
		OR CONTRIBUTING CAUSE OF DE	A111	M. MONTH DA	YEAR						
	MEDICAL	216. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION					
	W	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN O	COUNTY	STATE	
		22a.1 certify that (I) (this hosp	ital attended th	e-deceased from	Muc	mr 1978	10 Janu	and	19/	that (I) (we)	lost
		sow the deceased live or above, (I) (we) (did) (did)	1 10	1//	14 (.)	d that in (my) (our) opinion	death occurred on the	ate and hou	r and from the	couses stated	1
	- 7	22b. SIGNATURE	yie/wheeloody	ofterdeoth	179	DEGREE		/	22c. DAJE	SIGNED	_
		I I I	MIDVO	IV VI	1/	ATTENDING A	MEDICAL STA	FF	1//	2/1/79	7
	-	22d PHYSICIAN'S NAME AND	A A A A A A A A A A A A A A A A A A A	X III	100	22e ADDRESS _ /	DIRECTOR PHYSI) /	1/5	10//	
1		0 15 1/0/	3.101	4		9515 11	ARFORD X	D 12	ALTC, 1	495 30	1
1	22- 0	16/2 VE/	100 0475	122.	LAME OF C	EMETERY OR CREMATORY	23d. LOCATION	V /-		1 < 27	_
*	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE		NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	Luther	Ville, 1	H. STATE	
	24 Et	JNERAL DIRECTOR	2-1-/	7 pui	aney	Valley Memori	EREC'D. BY REGISTRAR				-
	20		- Gur	Belain Ro	1 24	250. UAT	CED 1 10	7Q	highly !	Ate Cryps	ly
	0	Co mercer 1	WUTT)	Delair Ko	4-21	1010	A FD T 19	10			

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or ottending physicion.

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	1-2-70	Coordid	N.,	paracra
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interviews 2-1-79 when taken emin and unial FEB 1979 Charles

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00408

I. DE	ECEASED NAME	FIRST	M	IDDLE	LAS	it		20. DATE O	REG. N		DAY	YEAR	26. HOL	R
,,,,,		eatrix	Ba	aldwin	LEW	VIS				1	15	79	9:4	_
3. SE	EX_	4 R	ACE	MILLI	5. DATE OF	BIRTH		6 AGE (INY	EARS LAST BW	THDAY)	IF UNDE	RIYEAR	# UNDER	24 HR
	temale	1	White		6-29-	-1892	YEAR	86		YRS	MONTHS	DAYS	HOURS	MII
	BIRTHPLACE (STATE OR	FOREIGN 7b. C	CITIZEN OF V	VHAT COUNTRY?	8	□ NEVER M	AADDIED []	9 BALTIMO	RE CITY			ATH		
1 5	germany	(1.J.A.		WIDOWED		ORCED	Balt	imor	e Cou	ntv			
10 0	ITY OR TOWN OF DE			OSPITAL, NURSIN		OTHER INST	ITUTION	120 USUAL	OCCUPAT	ION	12b	KIND O	F BUSINI	_
	Baltimore			East A				TYPE OF WOR	me /	aker	Luc) III	7031K1		
130	JAL RESIDENCE (IF NUI	13b. BUNTY		130. BY OF TOW		3d. INSIDE CI	ITY LIMITS?	13e. STREET						
		Dane	•	Durio,			NO 🔀		18 Ea	ot Av	enue	-21	206	
14. F	ATHER'S NAME	Baldwa	15	LAST	1		MAIDEN NAM	laide (MPDEEL	andan		LAS	ī	
	- 1-							ame (juice	enwon	C80:	2	2/5	2
160	WAS DECEASED EVE	R IN U.S. ARMED	OFORCES?	166 SOCIAL SECU	DAS T	Ma 4	Virgini	- 4	ADDR	ESS	ESON	5-	1 1.	C
	110			-1)-)0-1	الم رما	111000	Diguit	LL /10 L	Julian	orty =				_
	18 CAUSE OF DEA	AZAC CALIFED BY	,			W. Faller						APPROXI	MATE INTEL	VAI DEA
	PART I. DEATH	WAS CAUSED BY IMMEDIATE C	AUSE (a) Ca	ardio-pul	lmonary	/ Arres	st							
	1101													
	706-	n u ushtak (AS A CONSEQUE	ENCEOF									
	Conditions, if an	mediate		V.A.	ENCEOF					HOL				
	gave rise to in cause (a), stat	mediate ing the	(b) <u>C</u>											
	gave rise to in cause (a), stat underlying cous	nmediate ing the ie lost.	(b) <u>C</u>	AS A CONSEQUE	ENCE OF									
7	gave rise to in cause (a), stat	nmediate ing the ie lost.	(b) <u>C</u>	AS A CONSEQUE	ENCE OF	OT RELATED	TO THE TERM	INAL DISEAS	E OR CON	IDITION G	IVEN IN I	PART IIo	11	
TION	gave rise to im cause (o), statunderlying couse	mediate ing the ie lost.	DUE TO, OR	.V.A. AS A CONSEQUE NTRIBUTING TO E	ENCE OF			Suit					- 8	
ICATION	gave rise to in cause (a), stat underlying cous	mediate ing the ie lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF			INAL DISEAS		20b. IF Y	ES, WERE	FINDIN	IGS USEI	
TIFICATION	gave rise to im cause (o), statunderlying couse	mediate ing the ie lost.	DUE TO, OR	.V.A. AS A CONSEQUE NTRIBUTING TO E	ENCE OF			Suit		20b. IF Y		FINDIN	IGS USEI	H?
CERTIFICATION	gave rise to in cause (o), stat underlying couse PART 2. OTHER SIC 19a DATE OF OPER.	mediate ing the ing	(b) C. DUE TO, OR (c) DITIONS CO 196 CONDIT	AS A CONSEQUE WIRIBUTING TO I TION FOR WHICH	ENCE OF DEATH BUT NO OPERATION	WAS PERFOR		20a AUTO	DPSY?	20b. IF Y	ES, WERE	FINDIN CAUSES	IGS USEI OF DEAT	H?
	gave rise to in cause (o), statunderlying couse PART 2. OTHER SIGNATE OF OPER. 21a. ACCIDENT WAS UT OR CONTRIBUTING	inediate ing the ing the ing the ing the ing the ing	DUE TO, OR (c) DITIONS CO 196 CONDIT	AS A CONSEQUE WIRIBUTING TO D FOR WHICH INJURY A. MONTH D	DEATH BUT NO OPERATION	WAS PERFOR	RMED	20a AUTO	DPSY?	20b. IF Y	ES, WERE	FINDIN CAUSES	IGS USEI OF DEAT	H?
	gave rise to in cause (o), stat underlying couse PART 2. OTHER SIC 19a DATE OF OPER.	imediate ing the ice lost. CANIFICANT CON ATION DERLYING CAUSE OF DEATH ICAL EXAMINER)	(b) C. DUE TO, OR (c) DITIONS CO 196 CONDIT	AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TINJURY A. MONTH D.	DEATH BUT NO OPERATION AY YEAR 19	WAS PERFOR	RMED	20a AUTO	NOX	20b. IF Y IN CERT	ES, WERE FIFYING (YES I, PART 1 OR	E FINDIN CAUSES PART 2)	GS USEI OF DEAT	H?
MEDICAL CERTIFICATION	gave rise to in cause (o), stat underlying couse PART 2. OTHER SIC 190 DATE OF OPER. 210. ACCIDENT WAS UT OR CONTRIBUTING (IF ETIMER, NOTIFY MED 21d. INJURY OCCUI WHILE NOT WHILE WHILE NOT WHILE WH	INTERIOR OF THE PROPERTY OF TH	DUE TO, OR (c) DITIONS CO 196 CONDIT 216. TIME OF HOUR A.A. 216. PLACE C	AS A CONSEQUE NTRIBUTING TO I TON FOR WHICH TINJURY A. MONTH D.	DEATH BUT NO OPERATION AY YEAR 19	WAS PERFOR	RMED	20a AUTO	DPSY?	20b. IF Y IN CERT	ES, WERE	E FINDIN CAUSES PART 2)	GS USEI OF DEAT	H?
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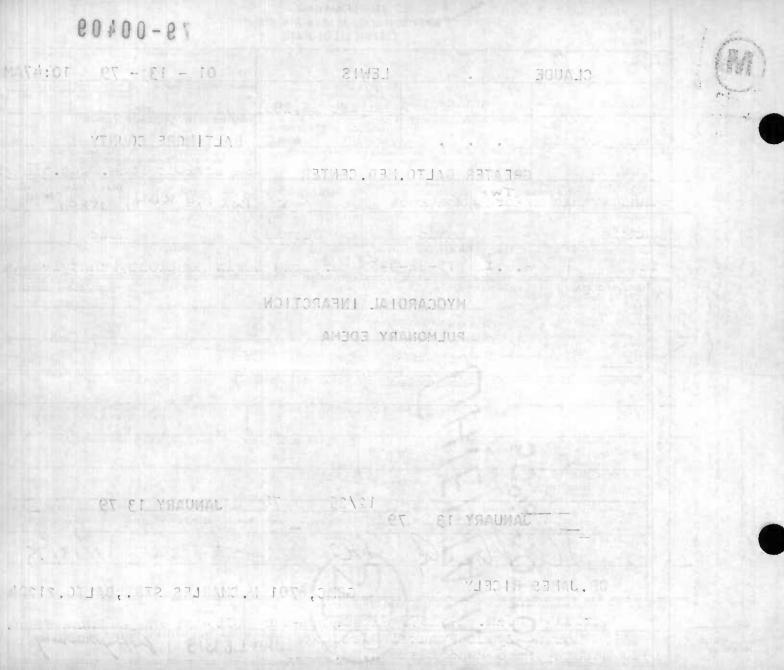
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8728 Liberty Road Randallstown, Md. 21138

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STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be for

should be detached for use as the burial-transit permit. Then please remaye carbon papers, with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, ar remayal. MAPORTANT: If them 21 is marked ar Item 18 shows any injury, or other traumatic event, the

irector, page 3

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00412

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1		REGISTRAR				CENTII	ICAIL OF L	EATH	RE	G. NO.			
	1 DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
٦	(TIPE		largar	et R	osa	Luco	chesi			01	80	79	5:00 P _M
	3. SE	X		4 RACE		5. DATE O		METER	6 AGE (IN YEARS LA	ST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
		Female		White	150	03	28	85	93		RS MONTH		HOURS MIN
1		IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED 🔀	9 BALTIMORE C	TY OR COL	JNTY OF	DEATH	
4		ltimore, Mo		U.S.		WIDOW	DI DI	ORCED	Baltim	ore Co	ounty		MD.
0		ity or town of DEA		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET / LSTOWN CO	ADDRESS)			126 USUAL OCCU (TYPE OF WORK FOR A Home ma.	AOST OF WORK		26 KIND C	F BUSINESS OR
G	13a S	AL RESIDENCE (IF NURS STATE LYLAND	13b COUN	other institution Ity imore	GIVE RESIDENCE BEFORE 134 CITY OR TOW ROCKdale	N	13d INSIDE C	ITY LIMITS?	3626 Hi	ess lmar F	Road,	2120	07
20	14 FA	Joseph	٨	AIDDLE	Lucches	si	C	MAIDEN NAM FIRST nlotida	MIDI			Fir	
	()	NAS DECEASED EVER YES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES)	220-44-1		Mrs. W	illiam	Ellic Volenick	ott Ci	ity,	Md. 2 athar	21043 n Road.
	CERTIFICATION	Conditions, if any, gove rise to imm cause (o), stotin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the last	DUE TO, O	RAS A CONSEQUE	NCE OF		U	D. Sei D. Sei INAL DISEASE OR	20b.	F YES, WE	RE FINDIN	NGS USED OF DEATH?
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	MEDICAL	21d INJURY OCCURR	RED	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F.		21f. LOCATIO	N	CITY	OR TOWN	c	OUNTY	STATE
		220.1 certify that (1) saw the decease	d alive an		19	, 01	nd that in (my)	, 19 (our) opinion o	death accurred an	the date and	, 19 d haur onc		that (I) (we) lost couses stated
		above, (1) (we) (d 22b. SIGNATURE		W	unter death.				MEDICAL DIRECTOR P	STAFF HYSICIAN [22c DATE	SIGNED 9
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRES	5	AL WAR	- 6	1	1	,
		Babo Rao		М.	D.	100	8811 1	Liberty	Road, Ra	andall	stow	n, Md	. 21133
	(:	BURIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	236 DATE 1/11/			emetery or		23d. LOCATION CITY OR TOWN TO BALL REC'D. BY REGIS	N	COUR		STATE Md.

JAN 9

1979

DHMH - 16 50M 1/76 (VR A 15 (4))

Loring Byers

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Funeral Directors P. A.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, crematian, ar removal.

1	-	FOR STATE REGISTR
		REGISTR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00414

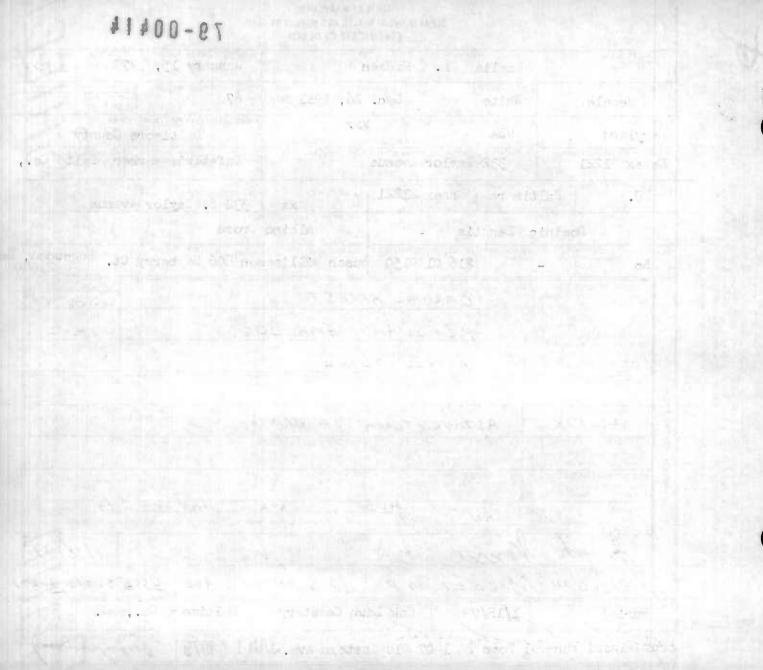
	PE OR PRINT)	Emel	ia K.	Madse	n	January 1	5, 19	79	2301
3. SE	Female	Whit	e	5 DATE O	DE BIRTH H 26, DA 1911 YEAR	6 AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HR HOURS MIN
	BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OUSA	OF WHAT COUNTRY?	? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY <u>or</u> Balt	COUNTY	OF DEATH	У ,
	SSEX 21221	11. NAME (DE HOSPITAL, NURSII	NG HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATION	MONIOCUF	126. KIND C	Tto Co.
USU. 13a. S	JAL RESIDENCE (IF NURSING H	HOME OR OTHER INSTITUTE	ION, GIVE RESIDENCE BEFOR)3d. INSIDE CITY LIMITS? YES NO XX	332 S. Tay	lor A	venue	
14 FA	ATHER'S NAME FIRST Dom	inic Deg	utis LAST		15. MOTHER'S MAIDEN NA			LAS	57
16a V	WAS DECEASED EVER IN L	J.S. ARMED FORCES YES, GIVE WAR OR DATES		9150	17 INFORMANT Susan Williams	son 606 Bayb	erry	Ct. Ed	gewood 210
	18 CAUSE OF DEATH IE PART I, DEATH WAS	nter only one couse CAUSED BY: AEDIATE CAUSE (o)	CARDI	nd ici	RREST				MATE INTERVAL ONSET AND DEAT
	gove rise to immedia		OR AS A CONSEOU	JENCE OF	0440				
FICATION	PART 2. OTHER SIGNIFIC	. 19b. COI	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES,	, WERE FINDIN	NGS USED
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ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

DHMH - 16 50M 7/77 (VR A 15 (4))



CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) oge 3 MANNING 01 - 31 - 79ROY V. K. 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE & UNDER 24 HRS MONTH HOURS. MIN 94 05 19 Male 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County U.S.A. Pennsylvania WIDOWED 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Retired Engineer Pa. Ratlroad Baltimore BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore Baltimore 136 COUNTY 13e STREET ADDRESS Maryland Eastern Boulevard 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Clark Mattie Parsons Manning Riverview ADDRESS I Eastern Blvd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YEYHO OR UNKNOWN) (IF YES GIVE WAS OR DATES) Baltimore, Maryland 7-07-6005 Nursing Centre APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for iai, ib, and ic PART I. DEATH WAS CAUSED BY ess thanose w DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., EL CIT IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF oronesn mound Conditions, if any, which gove rise to immediate couse ia. stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION prior 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NOF YES T NO [Hygier Hygier 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL ò (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21e. PLACE OF INJURY ò 214 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased fram DIRECTOR 124-39 sow the deceased alive on_ __ and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (did) (did not) view the body ofter death 22h SIGNATUR DEGREE 22c. DATE SIGNED + MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING should be deto with the State IMPORTANT: I PHYSICIAN 22d. PHYSICIAN'S NAME (TYPEOR PRINT) 22e ADDRESS 21222 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Maryland Bn-11/Entombment 2-5-1979 Baltimore Lorraine Park BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc. 5305 Harrord Rd. Balto: Md.

FOR

- STATE

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death Page 4 may be enough by the hospital or other drawing physician. To FUNERAL OR ATTENDING PHYSICIAN. The low requires that the death for the death Page 4 may be enough by the internal physician. To FUNERAL OR ATTENDING PHYSICIAN. The low requires that the loop of the other forms and completely filled in by the funeral director, page 3 should be detecteded for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows only injury, or other troumottic event, the medical eventing event, the medical event and the page 1 and 2 should be filled within 72 hours of the death of the control of the	10		6			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00417

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	I. DECEASED N (TYPE OR PRINT)		DIE	WIDDLE		ARANS	20 DATE OF DEATH	MONTH DI	8 79	3:16
	3 SEX Fem	alo	4 RACE White	2	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24
-					June	15, 1890	88	YRS	05.05.4711	
7	RUSSIA	(STATE OR FOREIGN	U. S.	what COUNTRY?	MARRIEI	NEVER MARRIED	Baltimore CITY C	OR COUNTY	OFDEATH	
11	10 CITY OR TO	WN OF DEATH	(IE NIOT INLESS	CHEACHITY CIVE STREET	ADDRESS	RAL HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE			F BUSINES:
3	USUAL RESIDE 130, STATE Maryla	nd Mon	TE OR OTHER INSTITUTION OF THE PROPERTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Chevy Che	e admission) 'N US C	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2724 Wash	ington	Avenu	e
50	14 FATHER'S N Unkn	DCT	WIDDLE	LAST		Unknown	WE		LAS	57
9	160 WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS	To the	
7	YES, NO OR U	(" 123,		579-60-2	132	Allen Marans	Same a	s No.	13	
		ise to immediate (0), stating the ing couse lost	DUE TO C	R AS A CONSEQUE	NCE OF					
2			NT CONDITIONS C	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	, WERE FINDIN	NGS USED
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	WEDICAL CERTIFICATION 21a. ACCI 21a. ACCI (IF EITHER 21d. INJU WHILE AT WORK 22a. I cer Sow Obo 22b. SIG. 22d. PHYS 23a. BURIAL, (ISPECIAL) PRESENTA	OTHER SIGNIFICAN OF OPERATION DENT WAS UNDERLYING RIBUTING CAUSE OF NOTIFY MEDICAL EXAMI INTO COCURRED NOT WHILE AT WORK Tify that (1) (this ha the deceased alive ve, (1) (use) (did) (did TURE) SICTAN'S NAME (TY REMATION, REMOVE	19b. CONDITIONS C 10c. CONDITIO	ONTRIBUTING TO E DITION FOR WHICH DEFINJURY L.M. MONTH DA P.M. OF INJURY IREET, PACTORY, OFFICE, F y ofter death. 19 23c. N MOVE MOVE 1979 MOVE 1979	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216 LOCATION STREET 19 Ind that in (my) (our) opinion DEGREE TIENDING PHYSICIAN	200 AUTOPSY? YES NORTH NATURE OF INJU CITY OR TO TO deoth occurred on the d MEDICAL STA AIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI ote ond hour FF CIAN He eq	WERE FIND IN / ING CAUSES COUNTY Ond from the	NGS USED OF DEATH NO STAT

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by this should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00418

	256	REGISTRAR			CERTIN	CAIL OI DEATH		REG. NO.			
		CEASED NAME FIRST OR PRINT)	N	MOOLE	1.7	AST	2e. D	ATE OF DEATH MO	HTMC	DAY YEAR	26 HOUR
	(III/E	SAMUEL		N	IARAN]	0.0	110	JANUARY	16.	1979	11:55 1
- 23	3. SEX	X	4 RACE		5. DATE O		6 AC	E (IN YEARS LAST BIRTHD	AY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
-11		Male	White		June	6, 1901		77	YRS.		HOURS MIN.
1	7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI	NEVER MARRIED	□ 9 BA	LTIMORE CITY OR	COUNT	Y OF DEATH	
95		Virginia	U.S.		WIDOWE			BALTIMOR	RE CO	OUNTY,	MD.
58	10. CI	TOWSON	(IF NOT IN SUCI	OSPITAL, NURSING HEACILITY, GIVE STREET A JOSEPH HO	AODRESS)	R OTHER INSTITUTION	(TYPE	OF WORK FOR MOST OF W	VORKING LI	IFE) INDUSTRY	by Shop
	USU/	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS	2 122 6	TREET ADDRESS	95		
35			imore	Towson		YES NO		616 St. Fr	canc	is Road	
12	14 FA	THER'S NAME FIRST ROSATIO	WIDDIE	Maranto		15 MOTHER'S MAIDEN FIRST Carmell		WIOOFE		UNKNOW	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	1.4	ADDRESS	5	OTHEROM	N .
		(IF YES, GIVI	E WAR OR DATES)	216-05-7	7892	Eole B. Ma	arant	o Same as	s #13	3	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION	DUE TO, OF DUE TO, OF (c) 19b. CONDIT	R AS A CONSEQUE R AS A CONSEQUE CATCLE ONTRIBUTING TO D OTTO FOR WHICH	NCE OF NCE OF NAME OPERATION	a of line NOT RELATED TO THE T Compense Was PEXFORMED 216. HOW INJURY OCC	Tel 20	Pan (20b. IF YE IN CERTI	VEN IN PART 1. S, WERE FINDI FYING CAUSES	NGS USED
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DE, (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE WHILE AT WORK AT WORK	21e. PLACE C		19	21f. LOCATION STREET	_	CITY OR TOWN		COUNTY	STATE
		22a.1 certify that X (this hospi saw the deceased alive an above, in (we) (did) (and had 22b. SIGNATURE	January view the body	e deceosed from	79_, on	d that in (p) (our) opin DEGREE ATTENDINI PHYSICIAN	nion death	7	and ho	ur and from the	SIGNED
	J	CONRAD	E. N	Agle 1	ind	220 ADDRESS 2401 OS A	er Di	2 Sente de	0	Tousan	md 1204
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATO		d. LOCATION CITY OR TOWN	W. I	COUNTY	STATE
		Intombment	Jan. 20,	1979 Du	laney	Valley Mau	soleu		svil	le,Balt	o.,Md.
140	24. FL	JNERAL DIRECTOR	9-14-14-14			York Road 250.	DATE REC		b. REGIS	TRAR'S SIGNA	TURE
	Ru	ıck Towson Fune	ral Home	T	Towso	1 1	AN 1	8 1979	ting	By Mel	ready

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A decider-		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	20
6		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 9 REGULD 4	20
770		EASED NAME OF PRINT	N HENRY MARTIN 20. DATE KNOWN OF MONTH	17 19 79 6 M
ARY, PLEA LI DIRECTO YOUR FILL N 72 HOU TON STRE	11	she while	S. DATE OF BIRTH MONTH DAY YEAR AST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD ONTH	-1719 24 6/1 M
SES ZY	70. BI	Salli Mel	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED Parties Parties	NTY OF DEATH MD.
3 TO THE FUIN PAGE 5 I	10.8	MY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IE NOT IN SUCH FACILITY, GRE STREET ADDRESS) CLEAN COLLEGE COLLEGE 120. USUAL OCCUPATION (TYPE OF WORLD) FOR MOST OPHWORKING (IFE) SALES MEET	OP INDUSTRY
Series S	USU A 13a. S	ATE ALL 13b. COUNTY	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? 130. STREET ADDRESS OAK-be. YES \(\sigma \) NO \(\sigma \) STREET ADDRESS OAK-be.	igh Bel 2034
2 1 1 2 1 2 1 A	14. FA	THER'S NAME CHEVILL	MIDDLE MAST LES. 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LU	e/ler.
SION O	16a. V (Y	(IF YES, GIVE	AED FORCES? NAR OR DATES) 16b. SOCIAL SECURITY NO. 715/0 55:55 Macleline Jones Fris	the Contract.
PERMIT. PA		PART I DEATH WAS CAUSE	y one couse per line fox (a), (b) And (c).) BY: E CAUSE (a) 4 There polaration Carclei Vascula D.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ON, OR REMOVAL		gove rise to immediate couse (a) stating the <u>under-lying</u> couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
SED AS A BUR HEALTH AND CREMATION, O	7	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
USED AS OF HEALT IL, CREMA	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
BURIAL, C	IFIC	×		YES NO L
D made		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
201 PRIOR TO BUR	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, 211, LOCATION	OUNTY STATE
212			e of the remains described above, held an Autopsy , Inspection , Inquiry , and in my	ppinion
AL DIRECTOR: TH, WITH THE MARYLAND, 2		ACTUAL	FATLE (SPECIFY)	1 17-76
TO FUNERAL DATE AFTER DEATH, BALLMORE, MA		SIGNATURE EXAMINER'S NAME	M.D. MEDICAL EXAMINER SIGN	
ALTER ALTER	22. Pt	(TYPE OR PRINT)	JOHN (. Hy to ADDRESS 7527 Below Red Bull	1212 3626
< 00 ≥	(5	RIAL, CREMATION, REMOVAL 2	CITY OR TOWN CO	UNTY STATE
17		NERAL DIRECTOR	250 DATERECO, BY ALGISTRAR LAWREGISTRAR	tamoreMd.
MH - 17 15 ME (5))	L	assahn Funera		3/

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	-UU421	
1. DEC	CEASED NAME OR PRINT)	NEA:		MART:		AST	JANUARY	27, 1979 YE	10:50
3. SEX	(4 RACE	U. C. IV.	5. DATE C		6. AGE (IN YEARS LAST I		
	Male.		CAUC		Augus	1 . 1 . 1 . 1	66.	YRS.	AYS HOURS MIN
7a. BIF	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	н
	Vikainia		Uis	A.	WIDOWE	•	BALTIM	ORE COUNT	Y .
10. CI	TY OR TOWN OF DEA	ATH	11. NAME OF H	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS		ND OF BUSINESS
	TOWSON		SAINT	JOSEPH	DIT G	DETTYL	TRUCK DI	a Company	RUCKING
USUA 130. S	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	s	
m	in Ryland	1 /)	Himore	SPAR	,	YES NO		encoe Rd	
14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			JAST •
	Courtn	24	K	MAR.	tin	Emma	2		SWICK
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS	
("	No	(11 120,011	· · · · · · · · · · · · · · · · · · ·	204-05	-0223	LORAIN MAN	etin 1419	Glencoe Rd	Spacks Me
	18 CAUSE OF DEAT	H (Enter or	ly one cause per	line far (a), (b), an	d (c). I			BETW	PROXIMATE INTERVAL
- 3	PART I. DEATH W	AS CAUSE	D BY: TE CAUSE (0)	PNE		ONIA		PM TO	A PROPERTY.
	1101-	MANATEDIA							
7	766		DUE TO, OI	R AS A CONSEQUE	ENCE OF				
1	Conditions, if ony gove rise to imi		(b)						
	couse (o), statir	ng the	DUE TO, OI	R AS A CONSEQUE	ENCE OF				
	underlying cause	last.	((c)						LEIA III
	PART 2. OTHER SIGI	VIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN IN PAR	RT 1(o)
N N	Severe	ASic	110	CARDIA	c A	Trythan in	S-PCU	A'S	
CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	
Lĕ I							YEST NOT	IN CERTIFYING CAL	NO [
8	21g. ACCIDENT WAS UNI	DERLYING T	7 216. TIME O	F INJURY		21c. HOW INJURY OCCUR			
	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR				I STATE
MEDICAL	(IF EITHER, NOTIFY MEDIC				19	ANY LOCATION			
월	21d INJURY OCCUR		(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	CITY OR 1	OWN COUNTY	STATE
~	AT WORK AT WO	HILE							
884	22a.1 certify that (1)	(this hasp		e deceased fram_	Jan	26 19 79	, toJan	27 19 70	, that (we) I
	saw the deceas above. (we)	ed alive on	Jan 2	19_	79	nd that in (My) (aur) opinion	death accurred an the	dote and hour and from	the couses stated
177	22b. SIGNATURE	27				DEGREE		122 E	DATE SIGNED
	110.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		701100	Board	(ALL)	ATTENDING .	MEDICAL ST	AFF 9	. 257
		Che	ceur	to econ		PHYSICIAN [DIRECTOR PHY	SICIAN	sud!
	22d. PHYSICIAN'S N.	AWY	ence B	BOAS M	D	50 SCOTT A	DAM RO	cockeysulle	Md 21030
23c. B	URIAL, CREMATION,	REMOVAL	236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	-COINTY	STATE
(5	SPECIFYY PLOID		Commen	21 1000	mil	Untown Cemerk	//. 111	en Batter	wee Mrs
24 FI	JNERAL DIRECTOR		HANNE	J. J. M.	-	25- DA		R 256 REGISTRAR'S SIG	
	HAME	711	1.4 4	ADDRESS 24	Servi	dst a F	ED 5 1070	the state of	Kelresdy
6	anto	1.18/1	Vi Enola	n N	ELU Fr	calm, 191349	FD & MI		

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the busial-transit permit. Then please remove corbonpapers. Pages 1 and 2 shauld be filed within 72 haurs of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the hospital or attending physician.

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에게 내가가 하면 하는데 맛이 가게 되는 것 같아. 나는 사람들이 되었다. 그는 사람들이 가게 되었다. 그렇게 되었다. 그리지 않는데 얼마를 다 먹었다.					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME Ze. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-Marv E. Mather 6. AGE IN YEARS | IF UNDER 1 YR 3. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED Jan 17, 1885 Female White 91 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A WIDOWED K DIVORCED Baltimore Co. 10 CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Lutherville Housewife Greenspring 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN Maryland Baltimore Lutherville NO Y 1123h Greenspring Ave VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ORM PM Unknown Unknown 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) Mrs. Dorothy Orem-1/26 Morling Ave. 21211 No 218-10-4052 D DIVISIO CAUSE OF DEATH (Enter only one cause per line, 167 (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO X BE BUR 210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, EACTORY, FARM, ETC. CITY OF TOWN COUNTY STATE WHILE AT WORK TATE Inspection X 22a. I certify that I taak charge of the remains described obove, held on Autopsy OR: Inquiry and in my opinion death resulted from: Homicide Undetermined manner PAGE 4 SHOU TO FUNERAL I DEATH, NORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Meadowridge Mem. Pk Maryland Burial 24. FUNERAL DIRECTOR DHMH - 17 A.MAlan Seitz Funeral Home 3818 Roland Ave. (VR A15 ME (5)) 15M 7/76

79-00422 made You fill and the terminate and store in the

in the same of the

tor, page 3 ofter death

completely filled in by the and 2 should be filed w

medico

moy be

executed within 24 hours after death. Page 4

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-00424

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	6				
1		CEASED NAME FIRST		MIDDLE	L	AST	26. DATE OF DEATH	MONTH	DAY Y	YEAR	26 HOL	JR D
9	(TIPE	WILLIA	AM H	HOMER	MC C	ARTY		01	19 7	19	10:	:11,
	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	DAYS	# UNDER	R 24 HRS
		Male	Whit	е	OCAL	9,1908	70	_YRS.		DAIG		
0	Ja. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY					
P			USA		WIDOWE	D DIVORCED	TOWSON		alto	, Co	ount	- y MD.
0	10. CT	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SUI	HOSPITAL, NURSIN	ADDRESS)	GBMC CHESTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	E WORKING	LIFE) INDL	USTRY .	F BUSINI	ESS OR
0		ALTIMORE	6701	N. CHAR		STREET	serr emp	loye	dive	ndi	ng	macn
F	13a S	AL RESIDENCE (IF NURSING HOME O STATE MD. 136 COUL Balt	R OTHER INSTITUTION NTY	13c. CITY OR TOW		YES 🗌 NO 🖄		1 dor	Dri	ve		
7		THER'S NAME	Frank	McCarty		Nellie Hi				LASI	ī	
i		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	216 28	9437	17. INFORMANT	ADDR	SS	galigle.			THE S
		18. CAUSE OF DEATH (Enter or	nly one cause ne	r line for (a), (b), on	nd ic				- O	APPROXI	MATE INTE	RVAL
è		PART I. DEATH WAS CAUSE		ACUTE M	TYOCA	RDIAL INFAR	CTION			MARK	ZINGET KIND	Z DEATH
1		410 -		R AS A CONSEQU						П		
ď	28	Conditions, if any, which	((b)_	IR AS A CONSECU	ENCEOF				1 1 X			
		gove rise to immediate couse (a), stating the)	R AS A CONSEQU	ENICE OF							
1		underlying cause lost.	(c)	K AS A CONSECU	ENCE OF							
		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN P.	ART 1(c	01	
	ō								4 9 9 4			- 4
	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE			
	RTIF					With the second	YES NO YES N					
?		21a. ACCIDENT WAS UNDERLYING CAUSE OF DE		OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJL	RY IN ITEM 18	, PART 1 OR P	'ART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P	.м.	19							
	MED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUN	NTY	S	STATE
		WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hasp	ital) attended th	n deceased from		01/19 10 79	01/	19	75)	4h=4 /15 /	(we) last
		sow the deceased alive or obove, (1) (we) (did) (did no	. 0	1/19 19	79 , or	nd that in (my) (our) opinion d	death occurred on the d	ote and ha	our ond fre		that (1) (couses st	, ,
		226. SIGNATURE	0	7/		DEGREE ATTENDING	MEDICAL STA	EE	226	DATE	SIGNED	0
		ach	and	nare		MILL PHYSICIAN	DIRECTOR PHYSIC			1/1	717	9
		22d. PHYSICIAN'S NAME (TYPE C		CEN	-	GREATER B	ALTIMODE	MEDI	CAL	CE	NTE	D
		DR. RICHA						ויוב טו	UAL	UE	IAIE	
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Durial	1/23/			emetery or crematory	Balto.	Coll	nty,	Mr	ST	TATE
	24. FL	UNERAL DIRECTOR	1.7-37	//	5, 5,		RES'D BY REGISTRAR					
			Chape !	8800 H	arfo	rd Road JAI	N 2 5 19/9	July	Maria		1	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00425

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.								
	CEASED NAME FIRST	WIDDLE	LAST 2 O	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR							
	ANNA	P	MA CORIN	12	3 19 1:30							
3. SE	X 4.	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS							
100	Temple	Rlack	MONTH DAY YEAR OF	80 YRS	MONTHS DAYS HOURS MIN							
Zac BI	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 -	9 BALTIMORE CITY OR COUNTY	OFDEATH							
C	OUNTRY)	1181	MARRIED NEVER MARRIED	B.H.								
M C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NUPSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF							
	7 11	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LIF								
	BALTIMONE 1	BATTIMORE C	CO GENERAL	Nouse	Homes							
13a S	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	0.1							
1	777d CARR	all Westmi	INSTER YES NO [35 Union	STREET							
14 FA	ATHER'S NAME FIRST MID	DLE LAST	15. MOTHER'S MAIDEN NA	ME	TAST							
	Edurand	Danse	Geo!	(1)	ARNES							
	WAS DECEASED EVER IN U.S. ARME			ADDRESS								
0	YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	2124 PLILA 1 9	MCCIAIN INSOR	to inter Ma							
		1/2 417 44	ZIZT I MILL A. L.	11-COTAIN OF COT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	PART 1. DEATH WAS CAUSED B		at-0 - a 0	1	BETWEEN ONSET AND DEATH							
13	IMMEDIATE	CAUSE (0)	ystole. Condia	cc arrest	3 00							
	4/23	DUE TO, OR AS A CONSEQU	ENCE OF		6241							
	Conditions, if ony, which	(b) OXC	almonary ed	ema	Thrs							
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	C + .								
	underlying couse lost	((c)	moccordial in	touchin	1978							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)											
CERTIFICATION		ditto di	iabetes mellit	us ASCU	\sim							
3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?									
Ě					S NO							
- H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)							
	OR CONTRIBUTING CAUSE OF DEATH		AY YEAR									
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	ZII. LOCATION									
A	WHILE MOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] STREET	CITY OR TOWN	COUNTY STATE							
	AT WORK											
	220.1 certify that (I) (this haspital	attended the deceased from.			19, that (I) (we) lo							
	sow the deceased alive on above. (I) (we) (did) (did not v	view the body ofter death.		death occurred on the date and hou								
	226. SIGNATURE	1) //	DEGREE	MEDICAL STAFF	22c. DATE SIGNED							
	1//	Rever	M ATTENDING PHYSICIAN [MEDICAL STAFF	1-23-7							
	22d. PHYSICIAN'S NAME (TYPE OR PE	RINT	22e. ADDRESS	1. 1.	. /							
	m	Peksa	150	to the tre	n of							
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION								
	SPECIFY)	1-26-79 6	ARDEN OF STERMIN	CITY OR TOWN	COUNTY STATE							
74 E	UNERAL DIRECTOR	. 46 / 1 01	4 250. DA	NEIRECT BY REGISTRARIZED PEGIS	IRAR'S SMAM WIRE							
1	O NAME O - A D	. A O ADRESS "	A. A med	יייילו "בוכו ב זוור	- y / Cleady							
(1)	T.D. J. W. D. IN.	Ma Ma Willas	B									

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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March Eldern Char	Perper Horn George		
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	-0-440	1 0-11	
The Arthur March 1971	tin when the		

	1	Item #186	Film (3530 4/3			E OF MARYLAND				
	1	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY	GIENE 79	-00	427	
	1.	DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	DAY YEAR	2h HOUR
afterdeath	(YPE OR PRINT)	JOSEF	Н	S.	MCCIII	LLOCH		1 3	1 179	4:45
e.	3.	SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HE
		Male		Caucas	si an	MONTH 7/	7/12 DAY YEAR	67	YRS.	AONTHS DAYS	HOURS MIN
é	70	BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
5/2	SE	hiladelp	hia. Pa	U.S		WIDOWE	D NEVER MARRIED	BALTIMO	RE CO	UNTY	
Ped		CITY OR TOWN	F DE ATH	1. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION	126. KIND O	F BUSINESS
	4	TOWSON		GBMC-	6701 N.	CHAI	RLES ST.	Salesman		Plast	ics
1	U M3	SUAL RESIDENCE	IF NURSING HOME C	OR OTHER INSTITUTION	1. GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
3	ON	laryland		timore	Towson		YES NO 🔀	730 Cambe	rly Ci:	rcle	
	14	FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	12.00	LAS	T.
2	10	oseph S.	Mc Cull				Eleanor	S.		mpbell	
medical	16	WAS DECEASED		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECT		17. INFORMANT	ADDR	ESS		
a a	L	No			159-09-2	2082	Admitting C	hart			
ţ,	Г	18 CAUSE OF	DEATH (Enter o	only one couse pe	r line for (o), (b), on	nd (C)			-	BETWEEN	MATE INTERVAL ONSET AND DEA
event, th		PARTI. DE	18. CAUSE OF DEATH (Enter only one couse per line for (D), (b), and (C) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) CARD I AC ARREST								
atic		515-	5/5 - DUE TO POMACONSEQUENCE OF								
mno.			Conditions, if ony, which (b)								
other tr		couse (o),	stoting the	DUE TO,	Bilatera RASA CONSEQU	I int	erstitial ba	silar fibr	OSIS.	1	
ar of		underlying	couse lost.	(c)	NIERSII	HAL	FIBROSIS A	AND PINE UMU	NIA		
ury, o	١,		RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVE	EN IN PART 10	51
y in	2										
vs on	2 3	190. DATE OF C	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
Sho	4	AL ACCIDENT	AS UNDERLYING	21b. TIME C	SE INTUIDY		Tal- How himpy occur	YES NO		5 🗌	ио 🗌
Item 18	/	OR CONTRIBUTION	G CAUSE OF DI			AY YEAR	21c. HOW INJURY OCCU	KRED JENTER NATURE OF INJ	JRY IN ITEM 18, PA	ART I OR PART 2	
llen.	Table 1	I IF EITHER, NOTIF	MEDICAL EXAMINE		.M.	19	ANG LOCATION				
o p	1	21d. INJURY O	NOT WHILE		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
morked	1	AT WORK	AI WORK			1-	26 10 79	1-21		79	
S F			eceosed alive o		ne deceosed from _	78	, 19	, to			that (I) (we)
m 21		obove, (I)	(we) (did) (did n	ot view the body	ofter death.		nd that in (my) (our) opinion	n death occurred on the o	lote and hour		
# #e		226. SIGNATU	(: /-	U		DEGREE ATTENDING	_ MEDICAL _ STA	AFF	1 - 2	1-79
Ë.	-	Hasse		45-7			PHYSICIAN	DIRECTOR PHYS		1, 2	, , ,
RTA			AN FAR				GRMC-670	1 N. CHAR	IFS ST	т.	
MPORTAN											
	23	BURIAL, CREMA				NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-			moval	1/31/	79		loc -	TE DECID BY DECIDE	alan n		Marie a
7		FUNERAL DIRECT			ADDRESS			TE REC'D. BY REGISTRAL	ZSb. REGIST	BAR'S SIEVE	Stady
	7	natomy B	oard 65	5 W. Bal	to. St. 1	Balto.	. Md.	FD T 1919			1

79-00427	
1 31 179	JOSEPH S. MCCULLOCH
BALTIMORE COUNTY	
all union to be not be	TOYSON GENC-6701 W. ORARLES ST.
	CALDIAC AND EST
	ARCHERT JAHTIT MATAL
1-21	18-1
7-17-1	
of M. Chates st.	nà-americana di managana di ma
AND SERVICE AND ADDRESS OF THE PARTY OF THE	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00429

1.	FOR - STATE REGISTRAR			ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	7 9 -	-00429	
	ECEASED NAME FIRST		AIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR	26. HOUR
1	Ma	ry Go	rdon 1	McELVAIN	Jan. 1.	1979	7 P1
3 SE	EX	4 RACE	LICEUS S	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE		IF UNDER 24 HRS
	Female	Whit	e :	March 31. 1909	69	YRS. DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		74 0	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR		ortugi
10.0	LITY OR TOWN OF DEATH	US NAME OF H		HOME OR OTHER INSTITUTION	12e USUAL OCCUPATIO		F BUSINESS O
-	Towson		Overbro	DRESS)	Homemake:	WORKING LIFET INDUSTRY	Home
13 ₀	JAL RESIDENCE (IF NURSING HOM STATE 136 CC	or other institution. UNIY	GIVE RESIDENCE BEFORE AS 13C CITY OR TOWN TOWSON	DMISSION) 13d INSIDE CITY LIMITS? YES \(\sqrt{NO} \) NO \(\sqrt{NO} \)	7811 Over	brook Road	i
7	ATHER'S NAME FIRST Robert	MIDDLE B	Miller	15. MOTHER'S MAIDEN NA FIRST Rebeka:	MIDDLE	Gordor	
. 16a \	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURI		ADDRES		
1	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	217-36-	3821 Chalmer	s C. McElva	ain Same	
	18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU	only one cause per l SED BY: IATE CAUSE (a)	lige for 101, (b), and (ic averest		8 10	MATE INTERVAL ONSET AND DEAT
	492-		AS A CONSEQUEN		1110	8016	ars
NC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUEN	lary Emplish	NINAL DISEASE OR CONDI	P C/C	ars
TIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO	AULUUN AS A CONSEQUEN INTRIBUTING TO DE	CEOF EUPLISH	20g. AUTOPSY?	TION GIVEN IN PART 100 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED
CAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse 10), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO 196 CONDIT	AS A CONSEQUEN THE TOTAL TO THE TOTAL TO THE TOTAL TO	CE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20s. AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO 19b CONDIT 21b TIME OF HOUR A.A. 21e PLACE C	ALLIUM AS A CONSEQUEN INTRIBUTING TO DE TION FOR WHICH OF FINJURY M. MONTH DAY A.	DEE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCUR 19	200. AUTOPSY? YES NOTE NOTE	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES IN ITEM 18, PART 1 OR PART 2}	NGS USED OF DEATH?
6	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION O	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO 196 CONDIT 196 CONDIT 196 CONDIT 197 CONDITIONS CO 198 CONDITIONS CO 19	AS A CONSEQUEN TION FOR WHICH OF FINJURY M. MONTH DAY A. Definjury Set, Factory, Office, Far Geceosed from 19	DEE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCUR 19	200. AUTOPSY? YES NOTE RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES IN ITEM 18, PART 1 OR PART 2} COUNTY	NGS USED OF DEATH? NO STATE
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION NOT WHILE AT WORK NOT WHILE AT WORK Saw the deceased alive above. (I) (4) 143 Indicated the colore. (I) (4) 143 Indicated the colorest of the colores	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO 196 CONDIT DEATH HOUR A.A. 21e PLACE C (AT HOME, STRE on not) view the body of	AS A CONSEQUEN TION FOR WHICH OF FINJURY M. MONTH DAY A. FINJURY DET, FACTORY, OFFICE, FAR deceased from	CE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 211. LOCATION STREET ATTENDING PHYSICIAN DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? YES NOTE RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES IN ITEM 18, PART 1 OR PART 2) COUNTY 19 e and hour and from the	NGS USED OF DEATH? NO STATE
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTION O	DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO 196 CONDIT DEATH HOUR A.A. 216 PLACE C (AT HOME, STRE spitol) attended the on not) view the body of	AS A CONSEQUEN THE TIME TO DE THE TIME TO THE TIME T	PERATION WAS PERFORMED 21c. HOW INJURY OCCUR YEAR 19 21l. LOCATION STREET , 19 , and that in (my) (9 opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY? YES NOT NOT NOT NOT NOT NOT NOT NOWN CITY OR TOWN death occurred on the dots	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES IN ITEM 18. PART 1 OR PART 2) COUNTY 19 e and hour and from the	NGS USED OF DEATH? NO STATE

injury, or ather troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE REG. NO.	9-004	30	
9	1 DEC	CEASED NAME FIRST		WIOOFE	L	AST	20. DATE OF DEATH MO	ONTH DAY YEA	R 2b HC	OUR
H	(TYPE	ORPRINT) CLAR	ENCE	Α.	Mc	GINNIS	January 27,	119791 - 7	1.5-1	LP M
	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHD		YEAR IF UNE	ER 24 HRS
ı		MALE		casian	III	11 19	.59	YRS		
2		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	н	
4		aryland		. A.	WIDOWE		Baltimore C			MD.
3		TY OR TOWN OF DEATH Randallstown	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ORKING LIFE) INDUS	ND OF BUSI TRY ldina	NESS OR
4	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION			eral Hospital	Carpenter	Home Bui	laring	
5	130. S	ryland Cari	VTY	Sykesvil	N	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 1408 Placid	Drive St	kecii	M all
-	_	THER'S NAME	OLL	Lovesatt	TE_	15. MOTHER'S MAIDEN NA		DITYCODY	ICS VI	IIC/II
1		FIRST	eorge	McGinnis		Martha	E .	Sakers	LAST	
2	160 W	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	1408 Pla	cid D	rive
1			V. 2	216-10-2	2386	Mrs. Merle M	. McGinnis S			
		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	OR AS A CONSEQUE	NCE OF	Shock Lmu (VT VF) Sever pulmonary	Pulmonary	congration	PROXIMATE IN	ND DEATH
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	EATH BUT			1	RT 1(o)	
	CERTIFICATION	190 DATE OF OPERATION	196. CONO	DITION FOR WHICH	OPERATIO	NWAS PERFORMED	200 AUTOPSY? 2	the of Carding 20b. IF YES, WERE FIN IN CERTIFYING CAU YES X	NDINGS US USES OF DE NO	ATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALITY CONTRACTOR	DF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PAR	T 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY PREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY		STATE
		22a 1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	1-27	-79,10	, 00	nd that in (my) (our) opinion o	deoth occurred on the dote	ond hour and from	, that (I)	, ,
ı		R. M. Sh	1/	a even the partish	in the	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		-27-	79.
		22d. PHYSICIAN'S NAME (TYPE O	HAH.	1-W.CHAN	167, HP	Baltmore (County Gre	nesal 1	rspite	d .
	23a B	BURIAL, CREMATION, REMOVAL	U EDWIN			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Doll	3//7	STATE
	04.5	Burial	Jan.31	1979 1	rrair	ne PArk	Woodlawn	baltimore	MATY	Tand
	24 FU	DOWNE iboxty Done	Byers	runeral L	rect	ors, P.A.	REC'D BY REGISTRAR 25	J. KECHY RAR'S SIG	XXXX.	nily .
	0/4	28 Liberty Road	ranga1	istown, M	aryla	ma ZII33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. /		/

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow

etained by the haspital or

DHMH - 16 50M 7/77 (VR A 15 (4))

attending physician

FOR STATE

or, page 3

completely filled in by the 1 and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

death. Page 4 may be

offer

within 24 haurs

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00431

	REGISTRAN				REG. N	10.		
	CEASED NAME FIRST	MIDDLE	LAST	2	a. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
1	Lil:	lian McQuade				01/14	/79	1:40P
3. SEX	X	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HR
	Female	Cau.	OMONTH DAY	1888	90	YRS.	NTHS DAYS	HOURS
	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8	9	BALTIMORE CITY		FDEATH	
	md (various	usa	Ç	ORCED	Bath Ba	ltimore	Count	
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	4	2a. USUAL OCCUPAT		12b. KIND O	F BUSINESS
C	atonsville	House In The Pin	nes, Catonevi	lle	AT HOLLE			_
USUA 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	10	'N 134 INSIDE CIT	TY LIMITS?	Se STREET ADDRESS	LTON /	W. 2	1213
14 FA	THER'S NAME FIRST	MIDDLE JOHANNES	FI	MAIDEN NAME	THINATOLE	5	LASI	ī
	VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	IRITY NO. 17 INFORMAN	NT	ADDR	ESS		77.7
	NO -	216-18-	4970 JAMES	McGen	DE IRIOTE	My He	C. Fo. 2	1734
	18 CAUSE OF DEATH (Enter pr	ly one couse per line for (a), (b) g	d (c))	-		1	APPROXI	MATE INTERVAL DISET AND DEA
	PART I. DEATH WAS CAUSE	D BY:	rminal	0			OF I WEEK	SWOEL AND DEN
	IMMEDIA	E CAUSE (o)	Tre real	1	129 110-1	(4		
	4292	DUE TO, OR AS A CONSEQUE	1 1 1 1		-			
	Conditions, if ony, which	(b)	UM, F	ecurr	-en			
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ANCE OF	, ,				
100	underlying cause last.	TOOL TO, OK AS A CONSEGRED	rterio sel	levoti	c CVV	adve	Auce	d
	PART 2 OTHER SIGNIFIC ANT (CONDITIONS CONTRIBUTING TO I			AL DISEASE OR CON	IDITION CIVEN	I INI DART 1/a	
Z	TAKE E. OTTEK SIONIFICATOR	Diabetes	4-11:4	• •	AL DISEASE OR COIN	DITION GIVEN	IN FARI IIC) 1
CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS LISED
F.	The Brite of Orentino	178. CONDINION TON THIEF	OF EKATION WAS FERI ON	IVIE D	200 A010131.	IN CERTIFYIN		
1 2					YES NO	YES [NO 🗌
Ö	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJ	URY OCCURRED	CENTER NATURE OF INJU	IRY IN ITEM 18, PART	1 OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	Ν				
X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F			CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK	.1	2/17	-/7		1111	70	
		tal) attended the degensed from_	70 /	, 19 6	, to	17 19		that (I) we
	sow the deceased alive on	t) view the book ofter death	ond that in (my) (c	our) opinion de	oth occurred on the	lote and hour a	nd from the	couses stated
	276. SIGNATURE	-911	DEGREE				22c. DATE	SIGNED/
	The lest 1	De alle			MEDICAL STA		1/1	5/7
1	Md. PHYSICIAN'S NAME LYPSO	D DD INITIAL A	220. ADDRESS		DIRECTOR PHYSI	CIAN	1 /	1
	Herbert	1. Levicka	W.		+ Por	i (212	27)
23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CE	REMATORY	23d. LOCATION	co	DUNTY	STATE
	Bureal	Jan 17/79 1	Dallimore	Cen	BATIMA	PRE.	MA).
24. FU	INERAL DIRECTOR	111	THE STATE OF THE S	25e. DATE R	REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATI	URE
1	100 1 T	ADDRESS (1715)	B 0. R-	MANI	8 1979	Fraken.	halo	de
U	which an	me Tul	1 Jelan 1 4		0 1013	1	110000	

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79-00432

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR AONTHS OAYS Female White 21 1877 Oct M BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Md. USA WIDOWED DIVORCED (a) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 8720 (TYPE OF WORK FOR MOST OF WORKING LIFE) Baynsville NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE Md 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS pino Baltimore 3920 Ednor Rd. YESX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Michael Wheeler Frances Rider ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215 28 5912D Elizabth Chelf Same APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (0), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION D 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY ō IN CERTIFYING CAUSES OF DEATH? YES [ops 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ٤ b AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death DIRECT 22b. SIGNATURE 22c, DATE SIGNED DEGREE ATTENDING MEDICAL STAFF Should be detainwith the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OB PRINT 22e ADDRESS 23E. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE (SPECIFY) Burial 1/29/1979 Greenmount Cemetery Baltimore Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

Mitchell-Wiedefeld Home 6500 York Rd.

(VR A 15 (4))

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00435

ile	MIDDLE A RACE White 7b. CITIZEN OF WHAT COUNT U.S.A. IN MAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GVE ST	MARRIED WIDOWED (2)	TH DAY YEAR	REG. NO. 20. DATE OF DEATH	MONTH DAY YEAR 3 19 7 9 HOAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	26 HOUR 2:40 IF UNDER 24
MMRY ALE ACE ISTATE OR FOREIGN INIA RTOWN OF DEATH	White 76. CITIZEN OF WHAT COUNT U.S.A. 11. NAME OF HOSPITAL, NU	5. DATE OF BIR NOV. 6 TRY? 8 MARRIED WIDOWED WIDOWED	TH YEAR 1892	86	MONTHS DAYS	
ale ACE (STATE ORFOREIGN) Inia KTOWN OF DEATH	White 76. CITIZEN OF WHAT COUNT U.S.A. 11. NAME OF HOSPITAL, NU	5. DATE OF BIR NOV. 6 TRY? 8 MARRIED WIDOWED WIDOWED	TH YEAR 1892	86	MONTHS DAYS	
ACE ISTATE OR FOREIGN INIA TOWN OF DEATH	76. CITIZEN OF WHAT COUNT $U_{\bullet}S_{\bullet}A_{\bullet}$	Nov. 6 TRY? 8 MARRIED WIDOWED WIDOWED	, 1892		YRS.	HOURS
ACE ISTATE OR FOREIGN INIA TOWN OF DEATH	76. CITIZEN OF WHAT COUNT $U_{\bullet}S_{\bullet}A_{\bullet}$	TRY? 8 MARRIED WIDOWED CO	_			
nia TOWN OF DEATH	U.S.A.	MARRIED WIDOWED (2)	NEVER MARRIED	A BALLIMOKE CITT O		
TOWN OF DEATH	11. NAME OF HOSPITAL, NU					
		IDCINIC HOME OF OT	DIVORCED [Baltimore		N-1-11-2-11-2-2
17.7.8 t.01.00	(HER INSTITUTION	(TYPE OF WORK FOR MOST OF		OF BUSINES
	Baltimore Cour	nty Genera	l Hospital	Homemaker		
IDENCE (IF NURSING HOME OR I	OTHER INSTITUTION, GIVE RESIDENCE B		INSIDE CITY LIMITS?	13e STREET ADDRESS		
land Balti	more Owing	S Mills YES	NO X	9902 Luons	Mill Road	21117
SNAME	AIDOLE LACT					
*****				C. Fletchen		21
ECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	SECURITY NO. 17. I				117
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			va veer rar	κ ποαα οω		MATE INTERV
AUSE OF DEATH (Enter only ART I. DEATH WAS CAUSED	by one couse per line for (o), (b) BY:	A .	00	L. 1. (BETWEEN	ONSET AND D
IMMEDIATE	E CAUSE (0)	udle -	uspue	ny Tour	m	
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se (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF			COLUMN TO THE	
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ATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WA	S PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDS	NGS LISED
					IN CERTIFYING CAUSES	
				YES NOV	YES 🗌	NO 🗌
ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD 21c.	HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
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ORK NOT WHILE						
certify that (I) (this hospit	ral) attended the deceased fro	om		, to	. 19	that (I) (we
				death occurred on the do	te and hour and from the	
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ow the deceased alive an _ bone (1) (we)(did) (did not	view the body ofter death.					
ow the deceased alive on_	view the body after death.	DEGR				SIGNED
ow the deceased alive an _ bone (1) (we)(did) (did not	view the body ofter death.		ATTENDING _	MEDICAL STAF	F _ (1-)	3-79
ow the deceased alive and above. (I) (we) (did) (did not siGN) TURF	wiew the body ofter death.	DE GR	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F _ (1-)	3-79
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ow the deceased alive on above. (1) (we)(did) (did not siGN) TURE (1) (PH SICIAN'S NAME (TYPEOR Dr. R. Valb.	eprinting the body offer death. White the local property of the content of the c	DEGR 220 230, NAME OF CEMET	ATTENDING PHYSICIAN ADDRESS Baltimore	DIRECTOR PHYSIC County Gen 236 LOCATION CITY OR TOWN	FIAN 0 1-2	3-79 al
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the ottending physician and c remove corbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corbampape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

within 24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		DEFAKIN		EALTH AND MENTAL HYG ICATE OF DEATH	T.	9 - 0	043	b
I DE	CEASED NAME FIR	RST	MIDDLE	£/	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
{TYP	E OR PRINT)	ישר	М.	MTTC	CHELL	JANUARY	20	1979	7.02
3. SE		4 RACE	W.	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YE	
F	remale	Whi	te	Sept	. 17, 1904	74	YRS.	MONTHS DA	YS HOURS
7a B	IRTHPLACE STATE OF FOREIG	N 76 CITIZEN	F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
Ď	elaware	U.S.	A.	WIDOWE		BALTIMOR	E COU	NTY	
	TOWSON	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET JOSEPH HOS	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE GOWORK FOR MOST HOUSEWI			D OF BUSINESS
USU 13a	JAL RESIDENCE (IF NURSING H STATE 13b Maryland E	HOME OR OTHER INSTITUTI COUNTY Baltimore	on, give residence before 13c. CITY OR TOW Parkyi		13d. INSIDE CITY LIMITS?	6920 Dona	chie	Circle	
	ATHER'S NAME FIRST	WIDDIE	O Connor		15 MOTHER'S MAIDEN NA.	WE			LAST
	WAS DECEASED EVER IN U	J.S. ARMED FORCES	? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD		5000	-
,	No	its, one was or bates,	216-09-1	L549	Mr. Norman H	R. Mitchell	6920	Donac	hie Cir
		ote (b)	OR AS A CONSEQUE			not certa			
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1		em #5 F11m 4520	2/0/19 rc SI	ATE OF MARYLAND		
	1-	FOR STATE		HEALTH AND MENTAL		0 4 2 7
		REGISTRAR		NER'S CERTIFICATE	OF DEATH I G.NU	0431
1		EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN M	ONTH DAY YEAR 26 HOUR
		MELVI	N WILLIAM	MOLZ	DEATH MATED	1-27 1979 8 · 50
3	. SEX	4. RACE	S. DATT OF BIRTH 19/6 6. AGE (IN)	EARS IF UNDER 1 YR. IF UNDE		ONTH DAY YEAR 24 HOUR
	1	M Cauc.	+ 23-79 62		MIN. PRONOUNCED DEAD	-28 1979 PM
1	An. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARE	9. BALTIMORE CITY OR C	
1	1	ma	4.8.00.	WIDOWED DIVOR	- Ih // T	o Country
Ī	D. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA	AE, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF V	WORK 12b. KIND OF BUSINESS
-	ICLIA	I DECIDENCE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	land ave.	FOR MOST OF WORKING LIFE)	Rusty
ì	3a. S	ATE 13b. COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	younge
F	AEA	THER'S NAME	ello	YES NO X	12109 Vake	ina civi.
ď	14. CA	FIRST	MODLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE	1. A. MAST
1	án V	/AS DECEASED EVER IN U.S. ARM	VO FORCES? THE SOCIAL SECURI	TYNO, 17. INFORMANT	MADDRESS ADDRESS	rece
ľ	(YE	S. NO BRONKNOWN) (IF YES, GIVE	2/7-09-	9258 Wm. 1 m	1.0. 1904	Mrush St.
=		18. CAUSE OF DEATH (Enter only		The second	my)	APPROXIMATE INTERVAL
		PARTIDEATH WAS CAUSED	111/	Huners	L'- 1 2 1 -1	BETWEEN ONSET AND DEATH
L		4111- IMMEDIAT	DUE TO, OR AS A CONSEQUENCE	OF DESCRIPTION	- which	1 h
		Canditians, if any, which	Doc 10, on a constant	A 11-	VIE IV	
		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	of the	41 1040000	
		lying cause last.	DOL 10, OK AS A CONSEQUENCE	Or		
		PART 2 DINER SIGNIFICANT CONDITIONS C	(c) DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	UNIAL DISEASE DR COMPITION CIVEN IN D	IBT V	
	N		DOTAIN TO BEATH BOT HOT KEEKIED TO THE TEK	WILLY DISCUSE OR COUNTIION GIASU IN L	AKI I (0).	
	ATIC	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
	IFIC					
	ERT	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121c. HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
	MEDICAL CERTIFICATION	UNDERLYING OR	HOUR A.M. MONTH DAY YEA	R	- CONTRACTOR AND TO PART I	
	DIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME.	211. LOCATION		
	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK			Anna Anna	
		22a. I certify that I taak charge	af the remains described above, held an	Autapsy Inspection	Inquiry , and in	my apinian
		death resulted from: Natura	Accident S	vicide . Hamicide .	Undetermined manner .	
		ACTUAL LYNN	11/	TITLE (SPECIFY)		Ilaal
1		SIGNATURE	ulinen	M.D. Defin	MEDICAL EXAMINER S	ATE (28/79
		EXAMINER'S NAME	AHIII AI	A Va	a a O Per	1. 0/ 01/2
1		(TYPE OR PRINT)	. HULU WILL	ADDRESS 211	2, Dunkalk 1	W 156 4 2/2,2,2
2.	30.BL	RIAL, CREMATION, REMOVAL 23		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
L	14 5	mune o	1-2-79 Wak	vaur	Lalto	med
1	11	NERAL DIRECTOR	AM ADDRESS 22 . S. L.	25a. DATE	REC'D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
1	an	ena le 14	Homan 221814	uever 1/1N	31 1979 Trita	whatreds

79-00437 MELVIN WILLIAM MOLZ 15 25 -1 K 1-25 7 Heale Kyoendal I Supertion Congraphica Heart English K. S. AHLUWALIA

the ottending physician and completely filled in by the funeral director, page 3 remove carbon papers. Pages 1 and 2 should be filled within 72 bears after death

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injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbonapopei with the State Dept. at Health and Mental Hygiene priar to burial, cremation, or removal.

executed within 24 haurs ofter

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the haspital or attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00638

Ι.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	00	700	
	ECEASED NAME	FIRST	,	MIDDLE	L	AST			DAY YEAR	2b HOUR
(TYP	MAM:	IE).	M	MOORE	JANUARY	37.7	979	3:30A
3. SE			4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	8F UNDER 24 HRS
	F		W		July	11. 1894	84	YRS	MONTHS DAYS	HOURS MIN
	SIRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	altimore, M	Md.	US	SA	WIDOWE		BALTIMORI	E COT	עדעו	MD
	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
	WSON		SAINT	JOSEPH	HOSF	ITAL	Homemaker		WC) WOOSTKT	
USU 13a	JAL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	5-34	B	14.11
	Md.	Balt	imore	Baltimor		YES NO X	6719 Gler	nkirk	Road	
14 F	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAS	ST
			Overbeck				nnie Graff			
			MED FORCES? WAR OR DATES)	16b SOCIAL SECUI		17 INFORMANT	ADDR			
	No		-	212 01	54346	Mr. John T. I	Moore 671	.9 Gle	nkirk R	
	18. CAUSE OF DEATH	(Enter on	y one couse per	line for (a), (b), one	dic	E31E11201D31		STUE HE	APPROX BETWEEN	ONSET AND DEATH
64	PART I. DEATH W.		DBY: E CAUSE (0)	GASTRO	INTE	STINAL BLEE	DING			
	111212	MANAFOIA		THE RESERVE						
	14272			R AS A CONSEQUE						
	Conditions, of ony,		(bAI	RIERLOSC	LERO	TIC CARDIOV	ASCULAR I	LISEA	SH	
	gove rise to imm		3 DUE TO O	R AS A CONSEQUE	NCEOE			50.70		
	underlying couse	lost.	100210,01	, A3 A CONSECUL	ITCL OF				53. 63	
	PART 2 OTHER SIGN	IEIC ANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	IDITION GI	VEN IN PART 1/	(0)
NO	7.11.7 2 31.12.1 31.31.4	in ierari e	0.10/1/0110	, , , , , , , , , , , , , , , , , , ,	EXIII DO	THE TERM	NAL DISEASE ON CO.		TELT BY LAKE 1	
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
F							YES NO X		IFYING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UND	ERLYING				21c. HOW INJURY OCCURR				
	OR CONTRIBUTING C		TH HOUR A.	M. MONTH DA	Y YEAR	a service of				
MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION	10.00			05000
M	WHILE NOT WH	ILE	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (X		al) attended th	e decented from	Jan	25, 10 79	Jan.3	1,	10 79	that 20 (wa) lost
	saw the decease	d alive on.	Jan.	31. 19	79.00	nd that in (Xy) (our) opinion o	death accurred on the c	date and ho	ur and from the	couses stated
	obove X (we) (d					DEGREE			22c. DATE	
	21. SIGNATURE	CHUI	NG ALE.	LPARK	- /1 -	ATTENDING	MEDICAL STA	FF .	III. DATE	3//30
	Cui	1	The	2	01	PHYSICIAN [DIRECTOR PHYSI	CIAN	113	1//7
	22d, PHYSICIAN'S NA	ME TYPE OF	PRINT)			22e ADDRESS				
								5,11-		
23a	BURIAL, CREMATION, I		23b. DATE			EMETERY OR CREMATORY	23d LOCATION	3744	COUNTY	STATE
	Buria	al	2/3/	79	Parkw	ood Cemetery	Balti	more,	Md.	
24 F	UNERAL DIRECTOR			ADDRESS		25a. DATE	REC'D. BY REGISTRAF	25h REGIS	TRAR'S SIGNAT	TURE
	MITCHELL-W	LEDEF	ELD HOM		6500	York Rd. TED	G 1070	rigina	y Melre	roly

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00439

		MIDDLE	LAST	20.	DATE OF DEATH	MONTH		01 11-0110
1. DE	ECEASED NAME JOSEP	Н А.	MORAN	ALVES !	1	12	79	26 HOUR 5:554
3. SE	EV .	4 RACE	5. DATE OF BIRTH	4.0	GE (IN YEARS LAST BIRT	MDAY I	IF UNDER 1 YEAR	IF UNDER 24
J. JE	Male	White	MON3 19	1904	74		MONTHS DAYS	HOURS M
	SIRTHPLACE (STATE OR FOREIGN W. Va	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M.	ADDIED	ALTIMORE CITY C	_	OF DEATH	
	OWS ON	GBMC-6701 N	NG HOME OR OTHER INSTI	ITUTION 12a	USUAL OCCUPATION OF O	ON	12b. KIND C	F BUSINESS paper
USU. 13a. S	JAL RESIDENCE (IF NURSING HOME O STATE Md. 13b. COUI	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		STREET ADDRESS 3646 E11	ersli	e Ave	
14 FA	ATHER'S NAME FIRST Edward	L. Mora		MAIDEN NAME IRST argaret	MIDDLE		Ryan	T
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	JRITY NO. 17 INFORMAN 2297A Mary K		ADDRI	Same		
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), as ED BY: TE CAUSE (a)	TORY ARREST					MATE INTERVAL ONSET AND DEA
	1 1 1 10 10 INVINCEDIA	TE CAUSE (U)				7 4		
	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF THE TO OR AS A CONSEQUENCE OF THE TORSE						
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	S CELL CANC				25	YRS.
NOI	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (c) SQUAMOUS	S CELL CANC				25	YRS.
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (c) SQUAMOUS	ENCE OF LL CANC	TO THE TERMINAL		20b. IF YES	25	YRS.
AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 1 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE SQUAMOUS (c) SQUAMOUS CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ATH HOUR A.M. MONTH D	ENCE OF CELL CANC DEATH BUT NOT RELATED TO THE OPERATION WAS PERFOR AY YEAR 21c HOW INJ.	TO THE TERMINAL	DISEASE OR CON	20b. IF YES IN CERTIF YE	25 S, WERE FINDING CAUSES S	YRS.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) Michael Lawrence Murphy 1 . 55P 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST SIRTHDAY) IF UNDER I YEAR IF UNDER 24 HPS Feb. 19, 1901 Male Caucasian 7g. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Wash., D.C. U.S.A. WIDOWED XX IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson 6701 N. Charles St. 21204 Electrician PRESTON ST., BALTIMORE, MARYLAND 21201 Contracting fled in JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1136, COUNTY 1137, CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Montgomery Bethesda 4400 East West Highway YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE James Michael Pendergast Murphy Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESMcLean. Virginia 579-01-4234 James Michael Murphy 1914 Virginia Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY AS CAUSE BY:

Respiratory Failure second to CardioVascular Accident DUE TO, OR AS A CONSEQUENCE OF ArterioSclerotic CardioVascular Disease, Congestive gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Heart Failure, Chronic Renal Failure couse (a), stating the underlying couse Cerebral damage second to Excessive Alcohol Abuse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I the burial-transit and Mental Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE 2726778 220.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING should be detained the State [MPORTANT: DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Anil Sanghera, M.D. GBMC. 6701 Charles St. 21204 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Burial Mt. Olivet Cem. Washington 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) Bethesda, Maryland Homes, P.A.

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funeral director, page 3

the attending physicion and cremove corbonpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbonpoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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within 24 hours ofter death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	IENE 7 0	1-0044	2
		CEASED NAME FIRST ORPRINT)	Veronica		AST	20 DATE OF DEATH	MONTH DAY YE	20 (100K
		Elizabe	th	Murr		1/12/79		3:15PI
	3. SE)		4 RACE	S. DATE C	. 3, DAY 1884 YEAR	6. AGE (IN YEARS LAST BIRTI		DAYS HOURS MIN
	7- 011	Female RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY		. 3, 1004	9 BALTIMORE CITY O	YRS	
E	q	Malitimore, Md.	USA	WIDOWE	- 40	Baltimore	County	
6		ity or town of death Towson	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET GBMC, 6701 N. C	harles		Honemaker		ND OF BUSINESS C
5	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN BA	TTO . GIVE RESIDENCE BEFORE TO COCK EY	ore admission) WN SVilee	152 140	13. SPEEL ADDRESS Beel	hive Place	21030
30	14. FA	ATHER'S NAME Edward O'Ma	Alley LAST	BO	15. MOTHER'S MAIDEN NA FIRST Mary	Lee MIDDLE		LAST
/	16a. V	VAS DECEASED EVER IN U.S. AR			17. INFORMANT A-Miss Mary C	. Murray-18		Place
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	uence of sion of uence of na at h	Right Colon epatic flexur		DITION GIVEN IN PAI	RT 1(o)
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	ATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
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2	MEDICAL CERTIFICATION	190. DATE OF OPERATION 1/5/79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	Perforation of Perfor	of righ	nt colon	YES NO X	IN CERTIFYING CA	USES OF DEATH? NO [
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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тау Бе	lirectar, page 3 the State Dept.	1		CEASED-NAME First Property (Char		Middle D.		Last MYERS		DATE OF DEATH Month	Day	Yeor 79	26. HOUR a 5:10 M
Poge 4	Sta		3. SE		4. RACE	υ.		DATE OF BIRTH	Н	6. AGE (In ye		1.	IF UNDER 24 HRS
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to the second	funeral ed with	M)	7o. E	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH			NEVER MARRIE		UNTY OF DEATH	710.		
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21201 24 havrs after	ed in by the shauld be f	57	10. C	ITY OR TOWN OF DEATH Essex	11. NA 9\c.	ME OF HOSPITAL OR INST	TITUTION (If not lare Hos	in hospitol spital	12a. USUAL OCC	UPATION (Kind of work working life even if re	dane	12b. KIND OF B INDUSTRY	
RYLAND 21 within 24	fill of		13o. admi	USUAL RESIDENCE (Where decease ssion) STATE Mary Land	lived, if institution 13b (QUNTY m	on: Residence before	13c. CITY OR TO East I		INSIDE CITY LIMITS?	13e. STREET AND NUM 305 52nd			10
With	1 and	4.3	-	ATHER'S NAME First	Middle	Last	1S. A	MOTHER'S MAID	EN NAME First	Mi	ddle		Lost
, W	campletely Pages 1 and	030		LeRoy	M	Myers	3	Lil	lian	V		Sies	
FIMORE, M.	and car ers. Pag within	1	16a. {Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wi	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY N 219-10-6		ORMANT rs Dori	s Jones	8559 Morve	dress n Rd		
BALTI e be	pap ent,			18. CAUSE OF DEATH (Enter ani	y ane cause per lin					leukemia.		APPROXIMA	ATE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5 PHYSICIAN: The low requires that the death certificate be executed within 24 hours are attending physician.	hed by the attending physic Then please remave carban ar remayal, and in any ev			Conditions, if any, which gove tise to immediate cause (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR A	S A CONSEQUENCE OF				TON GIVEN IN PART I(0)			
CORDS,	been sign permit	2	CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTOPSY	/? NO 🔽	20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS COI	NSIDERED IN CER	TIFYING
VITAL RI The law	cate has to	9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M.		21c. HOW	INJURY OCCUR	RED (Enter noture	e of injury in Part 1 or	Part 2, Ite	em 18.)	
ION OF rSICIAN: ending	certificathe burie		H	at work at work		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				City ar Tawn		County	State
Z	After this or use as	7	N S	22a. I certify that (I) (thi saw the deceased al causes stated abave	s haspital) atte ive an , (I) (we) (did) (nded the decease 3 19 did not) view the b	d from and to ody ofter de	that in (my) oth.	, 19 <u></u>	deoth occurred on	_, 19_ the dot	75, that (e and hour o	I) (we) lost nd from the
OR AT OF	DIRECTOR: J			22b. SIGNATURE	J. C	reland	DEGREE	11113.	MED. DIRECTO	R STAFF PHYS.	23c. D/	t 37	9
of TAL	AL			22d. PHYSICIAN'S NAME (Type) Jack /	A. Copela	nd, M.D.		22e. ADDRES		in Square D	rive		
HOSPI1	o FUNERAL should be		23a.	BURIAL, CREMATION, 23b. D	ATE	23c. NAME OF C	EMETERY OR CR			LOCATION (City or Town		(County)	(Stote)
1 0 e	of As	5			4/79	Greenmo	ount	TO A	I	Baltimore,	Mary	land	
ОНМН	-16 1/7	30M	24.	FUNERAL DIRECTOR		ADDRESS '		25	a. REC'D BY REGI	STRAR 79 25b. 256	MARY	PARTITION	4
	(VR A1	5 (4))		Leonard J Rug	k Inc B	altimore	Marrelar	d b	1 NA SIA	1313			/

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave corbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner myst be notified at and

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00444

	REGISTRAK				CENTI	ICAIL OI DEATH	REG.	NO.			
1. DE	CEASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
		Ione	SHE YE	М.	1	Nagel	January	13	1979		м
3 SE	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	_	24 HRS
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10 C	Dundalk	тн		HOSPITAL, NUR		OR OTHER INSTITUTION	(TYPEHOUSEWI			OF BUSINE	SSOR
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Z Y	OR CONTRIBUTING C		P.		19						
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10	22a.l certify that (1) (-	n	. 19	, ta		. 19	, that (I) (w	we) last
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	22b. SIGNATURE	Ri	M	Cun	lini	ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN []	22c. DATE	ESIGNED	7.
1	22d. PHYSICIAN'S NA			-		22e ADDRESS			11 1	,	
	Dr. Robe	ert Q	uinlan			4940 Ea	skern /tu	e Bo	elto. M	d .	
23a. E	BURIAL, CREMATION, R	REMOVAL	23b. DATE	,		EMETERY OR CREMATORY	23d. LOCATION		COUNTY _	STA	ATE
	Burial	71	1/15/	79	Oak Lav		Balti		Maryla		
24 FU	uneral director		2000 Mi	ADDRESS	J - 71-	25a. DATI	AN 1 A 30.7	AR 25b. REG	ISTRAR'S SIGNA	TURE	de
L	dua-nuck I	HC.	922 W18	se was n	undalk	, Ma 21222	WILT P 121	3 /	meteral,	100 000	1

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-FRANK EUGENE DEATH MATED FILES. HOURS NESBITT SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 22.1901 MALE WHITE SEPT. DEAD. TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA USA BALTIMORE COUNTY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FILED 12b. KIND OF BUSINESS OR INDUSTRY STONELEIGH RD. STONELEIGH CROSS BLUE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 970 13a STATE 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE STONELEIGH 708 STONELEIGH RD. NO K KITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST AND JOHN COCHRAN NESBIT CLARA ANN OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS NO 213-02-2275 LOWELL B. NESBITT 389 W. 12th ST. N.Y.N.Y DIVISI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS MEONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 8 CREMATION, C PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF BURIAL BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Accider Suicide Homicide Undetermined manner PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTWORE, MA ACTUAL SIGNATUR MEDICAL EXAMINER SIGNED 7501 EXAMINER'S NAME CHARLES F. O'DONNELL YORK RD. TOWSON, MD. 21204 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (SPECIFY) COUNTY STATE BURIAL 5,1979 JAN. LORRAINE PARK WOODLAWN, BALTO. CO., MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) MITCHELL-WIEDEFELD HOME 6500 York Rd. Balto., Md. 30M 7/73

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	3. SE		15 7	4 RACE			S. DATE C	OF BIRTH		6 AGE III	YEARS LAST B	IRTHDAY)	IF UNI	DER I YEAR	IF UNDER	24 HRS
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2	14. FA	Charles	,	MIDDLE	Neud	st ecke	r		S MAIDEN NAI FIRST LZA	ME	WIDDLE		P	Lumme	r	
2	16a V (1	VAS DECEASED EVE VES. NO OR UNKNOWN) Yes	R IN U.S. AR	MED FORCES? WAR OR DATES)	218-			Mrs.	Helen N	Veude		RESS 3801	Glen	nore	Aven	ue
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE		line for (a),			INSUF	FIENCY					APPROXIA BETWEEN O	MATE INTER	VAL DEATH
		Conditions, if an		DUE TO, OF	R AS A CON	ISEQUEN	ME ME	TASTA	TIC CA	RCIN	OMA					
		cause 10), stat underlying cous	ing the	DUE TO, OF	R AS A CON	ISEOUEN		ARCIN	IOMA OF	STO	MACH					
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9	CERTIFICATION	19a. DATE OF OPER.	ATION	196 CONDI	TION FOR V	WHICH C	PERATIO	N WAS PERF	ORMED	YES [ITOPSY?	20b. II	F YES, WER ERTIFYING YES [CAUSES	GS USED OF DEAT	H?
9		210. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEA	21b. TIME O HOUR A./	M. MONT	H DAY	YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER	NATURE OF IN	JURY IN ITEA	A 18, PART 1 O	R PART 2)		
	MEDICAL	WHILE NOT AT WORK	WHILE O	21e. PLACE ((AT HOME, STR	OF INJURY SET, FACTORY, (OFFICE, FAR	RM, ETC.)	211 LOCAT STREE	ION		CITY OR T	OWN	cc	YTAUC	ST	ATE
		220 certify that (sow the decea	sed olive on	_ 1/07		fram Z	91/2		. 19.79 (our) opinion	deoth occu	1/27 rred on the	dote ond	, 19		hot (I) (v	_
		2 b. SIGNATURE		20)		DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	AL ST OR PHYS	AFF ICIAN E		1- 2	7.7	19.
1		DR. F.		TH, M.	D.			6701	ss NORTH	I CHA	RLES	STF	₹.,T(DWS O	N,ME)
	23c. E	BURIAL, CREMATION SPECIFY) Buria	I REMOVAL	1-30-	1979			EMETERY OR	CREMATORY	23d. LO	CATION		COUN		aryl	

BP DHMH - 16 50M 7/77 (VR A 15 (4))

14 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harrord Rd. Balto; Md.

JAN 29 1979

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STATE OF MARYLAND

10430 1979 Ser Jackery

1 DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) Maggie M. Nicholson January 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR MONTH DAY Female 1901 Black March BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [Baltimore County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE 2 Marathon Drive Domestic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore 2 Marathon Drive 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mundell Aaron Sibey W. PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Sarah G.Sharp/2 Marathon Dr./Balto. Md. No 220-30-4487 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES sho Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE AT WORK 22a.1 certify that (1) (this Bospital) appended the deceased from , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated (did not) view the body ofter death. 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be detoo PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSIC AN S NAME (TYPE OR PRINT) 22 ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (Balto.Co.) Buria1 Jan. 20, 1979 | Arbutus Memorial Park Arbutus

Marshall W. Jones, Jr. Funeral Home, P.A.

Purnell B.Oden/4101 Edmondson Ave./Balto. Md.

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

34dder

NO F

STATE

Md.

IF UNDER 24 HRS

16

1979

INDUSTRY

Mundell

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

IF UNDER I YEAR

death certificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	y -	U U 4 '	4 3	
		FIRST			1	AST	Marie I	20. DATE OF DEATH	MONTH	DAY YE	AR 2t	HOUR
REGISTAR CERTIFICATE UPDEATH REGISTAR REGISTAR	9	5:30										
3 SE	DECEASED NAME ITYPE OR PRINT) SEX Female B. BIRTHPLACE ISTATE OR FOREK COUNTRY) Maryland D. CITY OR TOWN OF DEATH TOWSON USUAL RESIDENCE (IF NURSING 30. STATE Francis TOWSON SO WAS DECEASED EVER IN INTERPRINT (YES, NOOR UNKNOWN) IB CAUSE OF DEATH IE PART I. DEATH WAS Conditions, if ony, will gove rise to immed couse (o), stoting underlying cause PART 2. OTHER SIGNIFIE 190. DATE OF OPERATION 190. DATE OF OPERATION 1910. ACCIDENT WAS UNDERFYED 19		RACE					6 AGE (IN YEARS LAST I	IRTHDAY			FUNDER 24
900	Female		White	9	7	5		65	YRS		UATS	CORS
		R FOREIGN 7	& CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER M	APPIED T	9 BALTIMORE CITY	OR COUN	TY OF DEAT	TH	
4		nd	USA	1				BALTIM	ORE C	COUNT	Y	
10. C	ITY OR TOWN OF	DEATH				OR OTHER INST	TUTION					JUSINES
8 :	TOWSON		ST. J	OSEPH	HOSPI	TAL						aki
USU 13a	AL RESIDENCE (IFN	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	113d INSIDECT	TY LIMITS?	13e STREET ADDRES	5	Title 1		
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14 F/	ATHER'S NAME		IDDIE	LAST						MI TENT	TAST	
3.1	Fran	cis	nobel.		ber			MIDDLE		Rei	nho	1d
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		(16 153, 0145	WAR OR DATES	212-10	0-5654	Micha	el J.	Nortrup	6121	Far	ewo	od A
	18 CAUSE OF DE	ATH (Entér anl	y ane cause per	line far (a), (b),	and (c) H	epatol	Renal	Syndron	ie .	BET	PPROXIMA WEEN ON	TE INTERV
	PART I. DEATH			Hea	ntol (Hand	Lynd	un		2	باسما	Uh.
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z	PART 2. OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION C	SIVEN IN PA	RT I(a)	
IIIICATIO	196. DATE OF OPE	RATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFOR	RMED		IN CER	TIFYING CA	USES OF	
7 8						21c. HOW IN.	URY OCCURRE					
	OR CONTRIBUTING	AUSE OF DEAT										
20			21e. PLACE	OF INJURY	.,	21f LOCATIO	N					
×	WHILE NO	T WHILE WORK	(AT HOME, STI	REET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET		CITY OR	OWN	COUNT	Υ	STAT
	220.1 certify that	-	al) ottended th	e deceased fro	m/	2-2	19 78		-19	1979	, the	or XI (we
			view the bady	er.		nd that in (Xy)	aur apinian d	eath occurred an the	date and h	iour and from		
	22b. SIGNATURE	I lata) a-e	view the bady	after death.		DEGREE				22c. 1	DATESK	GNED
	I	6.59	1 -	1		A	TTENDING HYSICIAN	MEDICAL ST	AFF SICIAN []	1	- 10	7-7
+	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	YERRY,	JR.M.	22e. ADDRESS		DIRECTOR TITLE	TCIAIT [
	LITE	rry. J.	np			_	E Jop.	co . To	when.	14/2	1201	
235	BURIAL, CREMATIC		123b. DATE	T2	3r NAME OF C	EMETERY OR C		23d. LOCATION		THUI P	7	
	(SPECIFY) Burial	AT, REMOVAL	1/23					V Parkvi	110	COUNTY Balt	0	Md
	FUNERAL DIRECTOR		1/60/	17	1. CCT. 17 II	000		REC'D. BY REGISTRA				
	Passa	L Ten	eral H	ADDRESS	7901	Below	JA	N 2 4 1979	to	itay/	has	ALC:

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, poshould be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

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STATE OF MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

retained by the haspital or ottending physician

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTI	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST OR PRINT)	WIOOFE		AST	to DAIL OF DEATH	ONTH DAY YEAR	2b HOUR
	GERTRU				JANUARY 1		4:30 a
3. SEX		4. RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS ME
	Female	White	9	4 08	70	YRS	
co	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	aryland	USA	WIDOWE		BALTIMORE	COUNTY	100
10 CIT	TOWSON	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE ST. JOSEPH	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDUSTRY	makin
	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			Trome	HICKALL I.E.
	aryland Bal		Lerton	13d INSIDE CITY LIMITS? YES NO 🏋	3921 Putty	y Hill Av	enue
14. FA	ATHER'S NAME	Lungare Luc		15. MOTHER'S MAIDEN NA			
	111131	Walter Bo	ork	Gertrud	e H	LAS TD	eters
160 W	VAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRESS		o cers
	YES, NO OR UNKNOWN) (IF YES, GI	213-4	44-9780	William H.	Novak 39	21 Putty	Hi11 .
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b) and ic			APPROX	IMATE INTERVAL ONSET AND DEA
	PART I. DEATH WAS CAUS	SED BY.		PIRATORY	ARREST		minute
	IMMEDIA	ATE CAUSE (0) CARJ	ne nej	TINITION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	Conditions, if ony, which	(b) 17 E 17	451411	C CA OF S	DIOMACH		
	dove rise to immediate	1					
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF				
		DUE TO, OR AS A CONS	SEQUENCE OF				
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	.V.D			TION GIVEN IN PART 16	01
	couse (a), stating the underlying couse last	(ASC	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	TION GIVEN IN PART 10	
	couse (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	Ob. IF YES, WERE FINDING CAUSES	NGS USED OF DEATH?
	PART 2. OTHER SIGNIFICANT	CA OF S	G TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	OB. IF YES, WERE FINDING CAUSES YES	NGS USED
CERTIFICATION	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 190 ACCIDENT WAS UNDERLYING	(c) ASC (CONDITIONS CONTRIBUTING 196 CONDITION FOR W CA OF S 216. TIME OF INJURY	G TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	MINAL DISEASE OR CONDIT	OB. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
CERTIFICATION	COUSE (01, stating the underlying couse last) PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE	(c) ASC (CONDITIONS CONTRIBUTING 196 CONDITION FOR W CA OF S 216. TIME OF INJURY HOUR A.M. MONTH	VD G TO DEATH BUT VHICH OPERATIO TO MACH	NOT RELATED TO THE TERM N WAS PERFORMED 1216 HOW INJURY OCCUR	200 AUTOPSY? YES NO	OB. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
CERTIFICATION	COUSE (01), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	(c) ASC (CONDITIONS CONTRIBUTING 196 CONDITION FOR W CA OF S 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	G TO DEATH BUT WHICH OPERATIO TO MACH H DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	OB. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
CAL CERTIFICATION	COUSE (01), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	(c) ASC (CONDITIONS CONTRIBUTING 196 CONDITION FOR W CA OF S 216. TIME OF INJURY HOUR A.M. MONTH P.M.	G TO DEATH BUT WHICH OPERATIO TO MACH H DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	OB. IF YES, WERE FIND IN CERTIFYING CAUSES YES NITEM 18, PART 1 OR PART 2]	NGS USED OF DEATH NO
MEDICAL CERTIFICATION	COUSE (01), stating the underlying cause lost PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE TWORK AT WORK AT WO	(c) ASC CONDITIONS CONTRIBUTING 19b CONDITION FOR W CA OF S 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	G TO DEATH BUT WHICH OPERATIO TO MA CH H DAY YEAR 19 OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211c HOW INJURY OCCUR 211f LOCATION STREET	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	OB. IF YES, WERE FIND IN CERTIFYING CAUSES YES NITEM 18, PART 1 OR PART 2] COUNTY	NGS USED OF DEATH? NO
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MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that No (this has sow the deceased alive a poone. Where) (did) (did)	(c) ASC (CONDITIONS CONTRIBUTING 196 CONDITION FOR W CA OF S 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	TO MACH H DAY YEAR 19 DEFICE, FARM, ETC.) from December 19 79 or	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET DET 29 19 78 nd that in (%) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN	COUNTY COUNTY	NGS USED OF DEATH? NO STATE
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should be detached for use as the burial-transit permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

death certificate be executed within 24 haurs after

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00454

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
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MAPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND

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requires that the death certificate be executed within 24 haurs after

TENDING PHYSICIAN: The law

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00456

	(TYPE OR	ASED NAME PRINT)	FIRST		MIDDLE		AST	2a. DATE OF C	DEATH MONTH		YEAR	2b. HOI	
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